

*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

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**COMMUNITY AND PUBLIC HEALTH ADVISORY  
COMMITTEE AND DISABILITY SUPPORT ADVISORY  
COMMITTEE MEETING**

**7 March 2013**

**AGENDA  
AND  
MEETING PAPERS**

**All information contained in these committee papers is subject to change**



E Te Atua i runga rawa kia tau te rangimarie, te aroha,  
ki a matou i tenei wa  
Manaaki mai, awhina mai, ki te mahitahi matou, i roto,  
i te wairua o kotahitanga, mo nga tangata e noho ana,  
i roto i tenei rohe o Te Tai Poutini mai i Karamea tae noa atu ki Awarua.

That which is above all else let your peace and love descend  
on us at this time so that we may work together  
in the spirit of oneness on behalf of the people of the West Coast.

# COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEMBERS' INTERESTS REGISTER



## COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE REGISTER OF MEMBERS' CONFLICTS/INTEREST

*(As disclosed on appointment to the Board/Committee and updated from time-to time, as necessary)*

Member	Disclosure of Interest
<b>CHAIR</b> Elinor Stratford <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>Clinical Governance Committee, West Coast Primary Health Organisation</li> <li>Committee member, Active West Coast</li> <li>Chairperson, West Coast Sub-branch-Canterbury Neonatal Trust</li> <li>Deputy Chair of Victim Support, Greymouth</li> <li>Committee Member, Abbeyfield Greymouth Incorporated</li> <li>Trustee, Canterbury Neonatal Trust</li> <li>Board's Representative on Tatau Pounamu</li> <li>Committee Member of C.A.R.E.</li> <li>Committee Member of MS/Parkinson West Coast</li> <li>Member of sub-Committee for Stroke Conference</li> </ul>
<b>DEPUTY CHAIR</b> Kevin Brown <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>Councillor, Grey District Council</li> <li>Trustee, West Coast Electric Power Trust</li> <li>Wife is a Pharmacy Assistant at Grey Base Hospital</li> <li>Member of CCS</li> <li>Co Patron and Member of West Coast Diabetes</li> <li>Trustee, West Coast Juvenile Diabetes Association</li> </ul>
Cheryl Brunton	<ul style="list-style-type: none"> <li>Medical Officer of Health for West Coast - employed by Community and Public Health - Canterbury District Health Board</li> <li>Senior Lecturer in Public Health - Christchurch School of Medicine and Health Sciences (University of Otago)</li> <li>Member - Public Health Association of New Zealand</li> <li>Member - Association of Salaried Medical Specialists</li> <li>Member - West Coast Primary Health Organisation Clinical Governance Committee</li> <li>Member – National Influenza Specialist Group</li> <li>Member, Alliance Leadership Team, West Coast Better Sooner More Convenient Implementation</li> </ul>
Jenny McGill	<ul style="list-style-type: none"> <li>Employment with Lifelinks working with Ministry of Health contracted providers, including West Coast DHB.</li> <li>Husband employed by West Coast DHB</li> </ul>
John Ayling	<ul style="list-style-type: none"> <li>Chair of West Coast Primary Health Organisation</li> <li>Chair of Access Home Health, a subsidiary of Rural Women New Zealand which has a contract with the West Coast District Health Board</li> <li>Shareholder/Director in Split Ridge Associates Limited (which provides services to the disability sector).</li> </ul>
John Vaile <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>Director, Vaile Hardware Limited</li> </ul>
Lynnette Beirne	<ul style="list-style-type: none"> <li>President West Coast Stroke Group Incorporated</li> <li>Member South Island Regional Stroke Foundation Committee</li> <li>Partner in Chez Beirne (provider of catering and home stay services for the West Coast DHB and West Coast Primary Health Organisation)</li> <li>Contract for the Café and Catering at Tai Poutini</li> <li>Daughter employed as nurse for West Coast DHB</li> </ul>
Marie Mahuika-Forsyth	<ul style="list-style-type: none"> <li>Promoter for Healthy Eating Healthy Action (20 hours per week)</li> <li>Executive Member of Makaawhio</li> <li>Member of Tatau Pounamu</li> </ul>

Member	Disclosure of Interest
Mary Molloy <b>(Board Member)</b>	<ul style="list-style-type: none"> <li>• Director - Molloy Farms South Westland Ltd</li> <li>• Trustee - L.B. &amp; M.E Molloy Family Trust</li> <li>• Spokes woman - Farmers Against Ten Eighty</li> <li>• Executive member - Wildlands Biodiversity Management Group Incorporated</li> <li>• Deputy Chair of West Coast Community Trust</li> </ul>
Robyn Moore	<ul style="list-style-type: none"> <li>• Family member is the Clinical Nurse Manager of Accident and Emergency</li> <li>• Member of the West Coast Clinical Board</li> </ul>

**DRAFT**  
**MINUTES OF THE COMMUNITY AND PUBLIC HEALTH  
AND DISABILITY SUPPORT ADVISORY COMMITTEE**  
**held in the Board Room, Corporate Office, Grey Base Hospital**  
**on Thursday, 24 January 2013 commencing at 9.00am**

## **PRESENT**

Elinor Stratford (Chairperson); Kevin Brown (Deputy Chair); Lynette Beirne; Marie Mahuika-Forsyth; Jenny McGill; Mary Molloy; Robyn Moore; John Vaile; and Peter Ballantyne (ex-officio)

## **APOLOGIES**

Apologies for absence were received and accepted from John Ayling; Dr Cheryl Brunton; and Dr Paul McCormack (ex-officio).

## **EXECUTIVE SUPPORT**

Carolyn Gullery, (General Manager, Planning & Funding); Gary Coghlan (General Manager, Maori Health); Michael Frampton (Programme Director); and Kay Jenkins (Minutes).

## **WELCOME**

The Chair welcomed everyone and asked Gary Coghlan, General Manager, Maori Health to lead the Karakia.

## **1. INTEREST REGISTER**

There were no additions or alterations to the Interest Register.

## **2. MINUTES OF THE PREVIOUS MEETING**

### **Resolution (1/13)**

(Moved: Kevin Brown; Seconded: Robyn Moore - carried)

“That the minutes of the meeting of the Community and Public Health and Disability Support Advisory Committee held on 22 November 2012 be confirmed as a true and correct record”

## **3. CARRIED FORWARD/ACTION ITEMS**

The Committee noted that a presentation by the Director of Allied Health would be scheduled on the work plan for a later meeting.

## **4. HEALTH TARGET Q1 REPORT**

Carolyn Gullery, General Manager, Planning & Funding spoke to this report.

The Committee noted from the Q1 Health Target Report that the pattern on the West Coast is relatively consistent and that good progress is being made on immunisations. It was also noted that in regard to Heart and Diabetes Checks, whilst the target has not yet been reached the West Coast is one of the best performers in this area. Discussion took place regarding advice to smokers

attending general practice and the Committee noted that there is work taking place nationally to improve the recording in this area.

The report was noted.

## **5. PLANNING & FUNDING UPDATE**

- Carolyn Gullery, General Manager, Planning & Funding presented the Planning & Funding Update which highlighted the key achievements and issues facing the DHB. The Committee noted the following points from the report:
  - The West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks;
  - The latest available finalised data for the period to October 2012 shows delivery against the Electives Health Target is ahead of target by 9 cases;
  - The ED Health Target continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
  - The new Gateway Assessment Service, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.
  - The B4 School Checks result is lower than we would like and there are plans in place to improve this.
  - The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.
  - InterRAI training for West Coast ARC providers will commence in the week of 4 March 2013.
  - West Coast DHB is actively promoting the uptake and use of the volunteer Red Cross transportation option for Buller patients, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

Carolyn Gullery advised the Committee that the DHB is working hard in the home care area to address the challenge of more appropriate funding which would also address better training and continued up skilling of the workforce. Discussion took place regarding the roll out of this into Rural areas.

The Committee noted that there is work taking place at how St John are funded and this will take into account the Transalpine model of care. The time frame for this is April at this stage

The report was noted

## **6. WORKING WITHIN AN ALLIANCE FRAMEWORK - PRESENTATION**

Carolyn Gullery provided the meeting with a presentation “Working Within an Alliance Framework”. This presentation will also be provided to the Board at their 8 February 2013 meeting.

## 7. 2013 DRAFT WORK PLAN

The Committee endorsed the draft 2013 Work Plan and noted that this is a working document which will continue to be updated.

## 8. SMOKE FREE POSITION STATEMENT

Derek Benfield & Karen Hamilton, Community & Public Health presented this Smokefree Position Statement developed collaboratively by the South Island Public Health Units which represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

Discussion took place regarding medications and cessation programmes available and also around assistance available for mental health patients to stop smoking.

It was suggested and agreed that this paper be provided to the Tatau Pounamu Advisory Group as an information paper once it was endorsed by the Board.

### **Resolution (2/13)**

(moved Lynette Beirne/seconded Kevin Brown – carried)

That the Committee recommend to the Board that they support the adoption of the smoke free position statement with the proviso that it is supported by other South Island DHBs

## 9. GENERAL BUSINESS

- The Chair raised for discussion an e-mail sent by John Ayling in regard to the implications of the “Expert Advisory Group on Solutions to Child Poverty” for which a report was published last year.

The General Manager, Planning & Funding advised the Committee that the Canterbury DHB wrote a submission on this report at the time and this will be circulated to Committee members via e-mail. She commented that a number of the recommendations in the report are already being implemented and as part of the Annual Planning process a number of other recommendations will also be picked up. The full report can be found at:

[http://www.occ.org.nz/publications/child\\_poverty](http://www.occ.org.nz/publications/child_poverty)

### **INFORMATION ITEMS**

- Chair’s report to last Board meeting
- Board Agenda 7 December 2012
- West Coast DHB 2013 Meeting Schedule 2013

There being no further business the meeting concluded at 10.35am.

Confirmed as a true and correct record:

\_\_\_\_\_  
Elinor Stratford  
Chair

\_\_\_\_\_  
Date

## CARRIED FORWARD/ACTION ITEMS



*West Coast District Health Board*  
*Te Poari Hauora a Rohe o Tai Poutini*

### COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE CARRIED FORWARD/ACTION ITEMS AS AT 24 JANUARY 2013

	DATE RAISED	ACTION	COMMENTARY	STATUS
1.	24 January 2013	Allied Health Update	The Director of Allied Health will present to a future meeting	Scheduled for May meeting





**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Maori Health

**DATE:** 7 March 2013

Report Status – For: Decision ☐ Noting ☒ Information ☐

### 1. ORIGIN OF THE REPORT

This will be a regular agenda item at the CPHAC and DSAC meetings.

### 2. RECOMMENDATION

That the Committee;

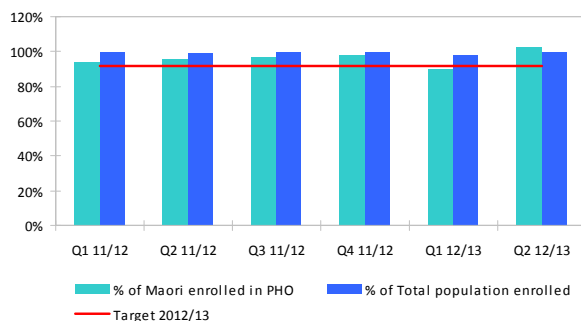
- i. notes the Maori Health Report

### 3. SUMMARY

## Maori Health Quarterly Report – Q2, 2012/13

#### Access to care

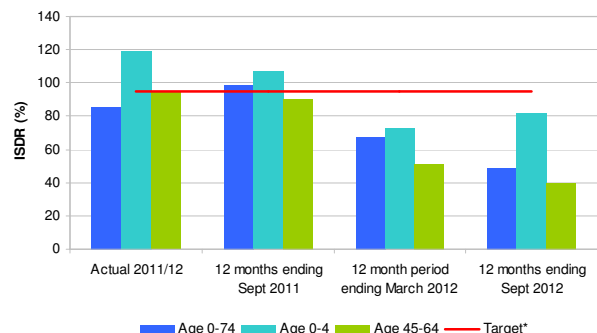
Percentage of Maori enrolled in the PHO



\* 2006 census population was used as the denominator.

#### Ambulatory Sensitive Hospitalisation

Ambulatory Sensitive Hospitalisation – Indirect Standardised discharge ration (ISDR)



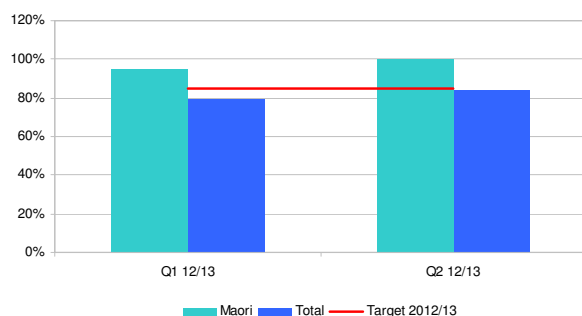
#### ACHIEVEMENTS/ISSUES OF NOTE

**Enrolment in PHO:** In quarter 2 of 2012/13 2989 Maori were enrolled with the PHO, 384 more than in quarter 1, 2012/13

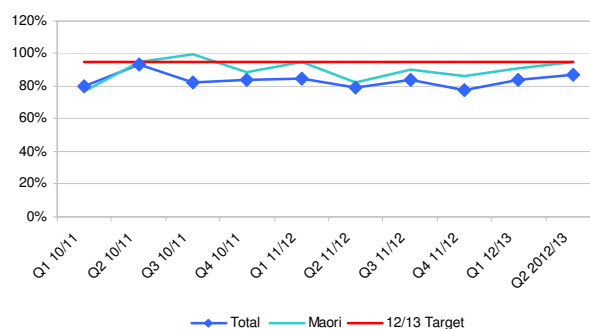
**Ambulatory Sensitive Hospitalisation:**

## Child, Youth and Maternity

### NEW Immunisation HT: Eight-month-olds fully immunised



### Immunisation: Two-year-olds fully immunised



## ACHIEVEMENTS/ISSUES OF NOTE

**Eight-month-old immunisation:** *Eight-month-old immunisation:* West Coast DHB is on track to achieve the health target of 85% coverage, with overall coverage for Quarter 2 at 84%. Of significance, Māori coverage increased five percentage points to 100% (noting that the total number of children is 12) and deprivation 9 and 10 coverage increased eight percentage points to 93%.

**Two-year-old immunisation:** The West Coast DHB's coverage for Quarter 2 is 87% - an increase of 3% from the previous quarter. The Quarter 2 result is the highest since Quarter 3 2010/11 and indicates the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds has increased five percentage points to 95%. While the decline rate has decreased in Quarter 2, the high combined decline and opt-off rate of 12.5% (compared with 14.1% in Quarter 1) continues to impact the West Coast DHB's coverage for the two-year-old target. It is important to note that 99% (99/100) of West Coast two-year-olds who had not declined immunisation or opted off the National Immunisation Register (NIR) were fully immunised at the end of Quarter 2.

Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other WellChild service providers to refer children for immunisation; and
- Improving the enrolment process at birth.

There is ongoing collaboration with Canterbury DHB around NIR and ways to identify unvaccinated children.

**Oral Health:** Interim data from the School Dental Service for the 2012 calendar year indicates that 56% of all five-year-olds were caries-free (no holes or fillings), which is a decrease of 5% from the 2011 result. However, the Māori caries-free rate has improved by 4% to 51% in 2012. The mean DMFT (decayed, missing and filled tooth) rate for Year 8 students has increased to 1.48 (1.39 in 2011) overall and 2.04 for Māori (1.88 in 2011). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.

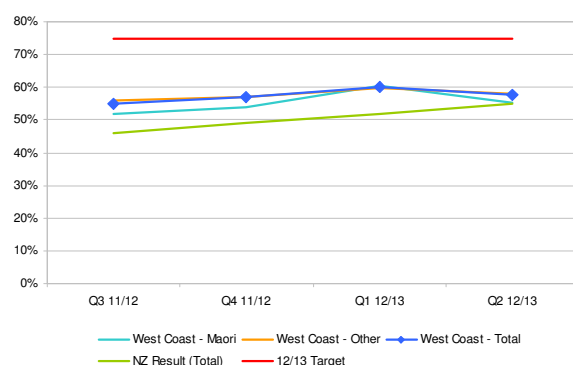
**Mum4Mum:** At the end of Q4, 2011/12, a total of 22 mothers were trained as Mum4Mums of which 22% (5) are Māori. The target for 2012/13 is to have 6 Māori Mum4Mum graduates.

**Lactation consultancy contacts and services:** At the end of quarter 1 2012/13, there were 124 contacts in total, including 35 Māori, 2 Pacific and 86 Other ethnicities. Contacts were in homes, maternity ward, phone, Face book, e-mail and text messages about breastfeeding related issues.

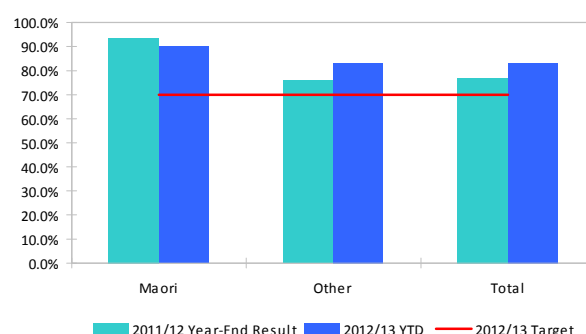
In addition, six (6) Māori mothers undertook lactation consultation at the PHO in Q1, 2012/13. The target is to have 25 mothers with Māori babies referred to lactation support and specialist advice consultants in 2012/13.

## Cardiovascular and Diabetes

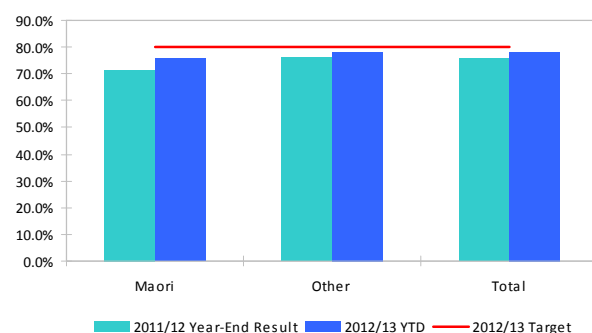
**CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years**



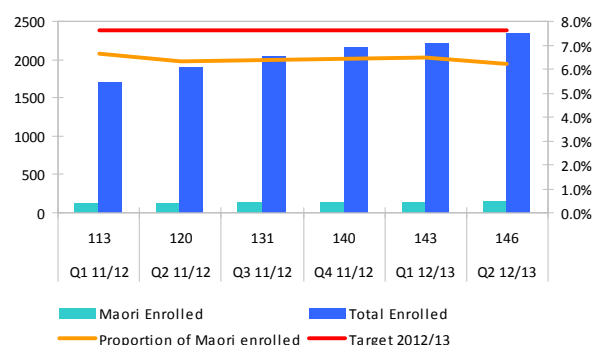
**Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year**



**Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check**



**Number and proportion of Maori enrolled in Long Term Condition (LTC) Management Programme**



## ACHIEVEMENTS/ISSUES OF NOTE

**CVD Health Target:** West Coast results have continued to improve and make progress towards meeting the Cardiovascular Disease (CVD) Health Target for more heart and diabetes checks. The percentage of enrolled people in the PHO within the eligible population who have had a CVD risk recorded in the last 5 years at the end of September is up compared to the end of June quarter. Results for our Māori population rose from 54.3% in June to 60.1% in September, with 'other' populations (excluding Pacific) up from 57.0% to 60.0%, and the total population up from 56.7% to 59.8% over the same periods. Our progressive implementation targets are 68% by December 2012; and 75% by 30 June 2013.

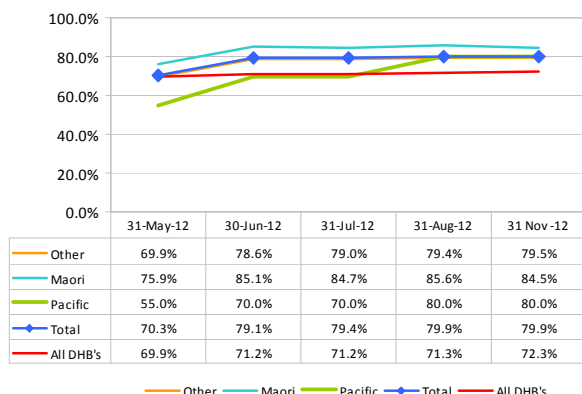
**Diabetes care:** The number of people accessing free annual diabetes checks remains above target for the three month period to 30 September 2012, with 285 people having had checks during the quarter. This equates to 87% coverage for the quarterly period, based *pro rata* on the revised 2012/13 estimates of the West Coast population expected to have diabetes.

The percentage of eligible Maori accessing free annual diabetes review is 24% above the target (70%) with 77% of them having good diabetes management for the three month period to 30<sup>th</sup> September 2012.

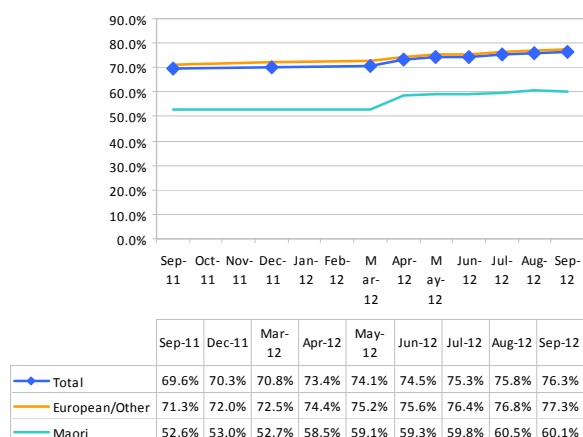
**Long Term Condition Management (LTC):** Maori enrolment makes up 6.2% (143) of all enrolment in the LTC programme. For comparison Maori make up 5.3% of the enrolled population at the primary practices aged 45 years and above.

## Cancer

**Percentage of eligible Maori women (45-69) receiving breast screening examination in the last 24 months ending**



**Percentage of eligible Maori women (25-69) receiving cervical screening in the last 3 years ending**



## ACHIEVEMENTS/ISSUES OF NOTE

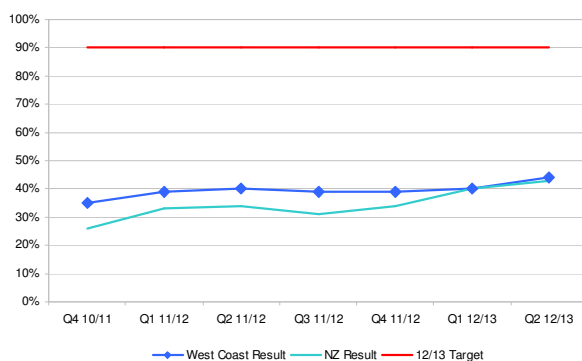
**Breast Cancer Screening:** Approximately 80% of all eligible women aged 45-69 age-groups on the West Coast have undergone breast screening for the 24 month period ending 30<sup>th</sup> November 2012 – an increase of 1% from the previous 24 month period ending 30<sup>th</sup> June 2012. The coverage for eligible Maori women (84.5%) is higher compared to other ethnicities on the West Coast.

**Cervical cancer screening:** At the end of September 2012, the three year coverage rate for cervical screening on the West Coast has increased to 76% which is an increase of approximately 3% from the three year period ending 30<sup>th</sup> June 2012. The coverage rate for Maori eligible women is at 60%. There is a Maori Screener who is working closely with the PHO and practices to improve the utilisation of this service for Maori eligible women.

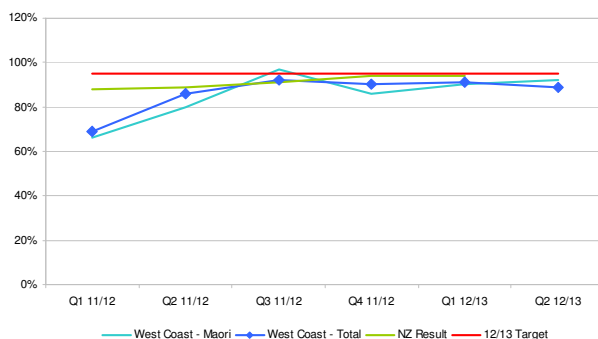
**Navigation services:** The Health Navigator Services among other things provides additional support for LTC patients and their whanau with complex social needs; improve access to health care and support services for patients and support the primary practices in caring for LTC. At the end of Q1, 2012/13, 27 Maori patients were referred to the Health Navigator services. The target for 2012/13 is to have 50 Maori patients supported to access navigation services.

## Smoking cessation

**Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit**



**Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help**



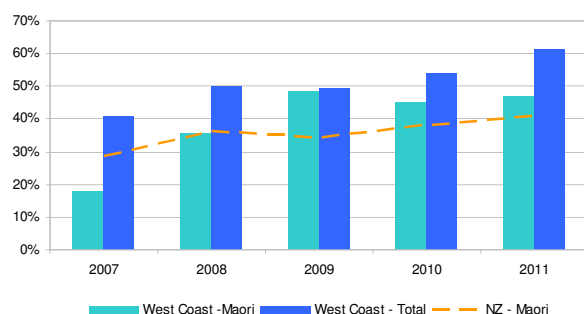
## ACHIEVEMENTS/ISSUES OF NOTE

**Primary Smokefree Health Target:** The PHO is employing a suitably trained person to support practice teams across the Coast to improve Brief Advice coding and to link patients to cessation via their practice's own Coast Quit provider (or other cessation services available on the West Coast). The purpose is to help close the gap between As and Bs, and improve the Primary Smokefree Tobacco Target.

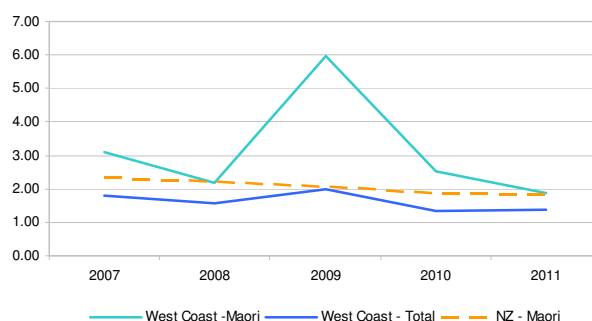
**Secondary Smokefree Health Target:** West Coast's performance has increased to 91% in Quarter 1, but is still just short of the Health Target of 95%. Performance reached 94% in both July and August; however, the September result was only 86%, affecting the overall Quarter 1 result. This was primarily due to two previously high-performing areas not achieving the target. A meeting with senior management (General Manager of Hospital Services, Director of Nursing and Nurse Manager) was held to discuss the September results and how clinical leaders could support and endorse ABC implementation. The Smokefree Services Coordinator will be meeting with the clinical coders weekly, will speak at the upcoming Senior Nurses meeting and will follow up on the initial meetings held with the two clinical managers following September's result to see what support the Smokefree staff can give them, including ongoing support for the new Smokefree Champion.

## Oral Health

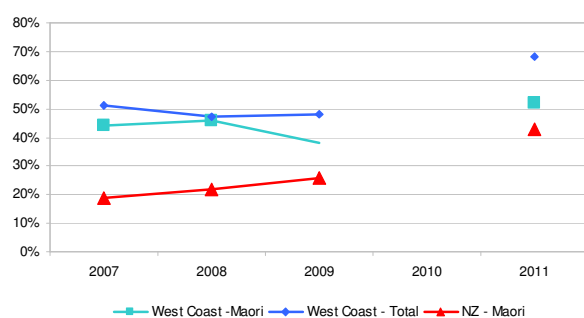
**Percentage of Five Year Olds who are Caries-Free**



**Year 8 - Decayed (D); Missing (M); Filled (F); Teeth (T)**



**Pre-school enrolment**



## ACHIEVEMENTS/ISSUES OF NOTE

Note: You will find that the data provided by the MOH shows 45% of Maori, and 54% of WC Total caries the DHB in the 2010/11 Annual Report free in 2010. This is different to the figures provided by The results reported in 2010/11 Annual Report and widely used in the WCDHB reports shows 38% for Maori and 52% for Total - caries free.

## 4. APPENDICES

Report prepared by: Kylie Parkin, Maori Health

Report approved for release by: Gary Coghlan, General Manager Maori Health



**TO:** Chair and Members of Community and Public Health Advisory Committee and Disability support Advisory Committee

**SOURCE:** Planning and Funding

**DATE:** 7 March 2013

<b>Report Status – For:</b>	<b>Decision</b> <input type="checkbox"/>	<b>Noting</b> <input checked="" type="checkbox"/>	<b>Information</b> <input type="checkbox"/>
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## 1. ORIGIN OF REPORT

This report is a standing agenda item, highlighting the progress made on the Minister of Health's health and disability priorities and the West Coast DHB's Annual Plan key priority areas.

## 2. RECOMMENDATION

That the Committee notes the Planning and Funding Update.

## 3. SUMMARY

### ✓ Key Achievements

- **Immunisation coverage** increased for both eight-month-olds (84%) and two-year-olds (87%) in Quarter 2, and various activities are underway to further improve coverage through better identification of due or overdue children, timelier referral to Outreach Services, collaboration with other WellChild service providers and timelier general practice enrolment of newborns.
- The **ED Health Target** continues to be met, with 99.8% of people admitted or discharged within 6 hours in the YTD 31 January 2013. Our longer-term aim is also being met, with 96.3% of people admitted or discharged within 4 hours.
- West Coast continues to achieve the **Cancer Treatment Health Target**, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks.
- Delivery against the **Electives Health Target** is ahead of target by 23 cases for the YTD 31 December 2012.

### ✗ Key Issues & Associated Remedies

- **B4 School Check (B4SC)** coverage for Quarter 2 2012/13 is 40% for the total eligible target population, while coverage for high-needs eligible children is 33% - against the Quarter 2 target of 50% (as percentage of year gone). The B4SC service is developing a range of strategies to increase coverage, including increased collaboration with other providers, follow-up of DNAs and non-returns, telephone and text reminders of appointments, promotion of B4SC during Children's Day in March and establishment of a process for a child to be referred to the Public Health Nurse if not referred to the service before age 4 years and 6 months.
- Interim data from the **School Dental Service** for 2012 indicates a decrease in the percentage of caries-free five-year-olds (to 56%) and an increase in the mean DMFT (decayed, missing and filled tooth) rate for Year 8 students (to 1.48). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.
- Performance against the **Hospitalised Smokers Health Target** slipped slightly to 89% of hospitalised smokers having received help and advice to quit. (The national target is 95%.) However, smokefree staff are working with Clinical Nurse Managers to review all 'missed' patients to pinpoint and address any gaps in ABC at ward/unit level in order to lift performance the last few percentage points.

### ① Upcoming Points of Interest

- **School Based Health Services** will be rolled out to two more schools – Buller High School and Reefton Area School – in the 2013 academic year.
- Community NGO providers are working together with Planning and Funding to consider how they can move to a more integrated system of **mental health care** for consumers, including improving the interface with Specialist Mental Health Services (SMHS) and primary care.
- General practices' performance against the **Primary Care Smokers Health Target** continues to increase steadily, with 44% of smokers expected to attend primary care receiving help and advice to quit. Data capture

continues to be a key challenge towards achieving the 90% target, and new activities were implemented during the quarter that particularly focus on improving data capture and accuracy.

- The **CVD Health Target** saw a slight dip in progress from the previous quarter, from 60% to 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. However, the actual number of cardiovascular risk assessments delivered during Quarter 2 is greater than the previous quarter. The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for screening once again. A range of activities are occurring to follow up these and other eligible patients for cardiovascular risk assessment.

## 4 **APPENDICES**

Appendix 1:

Finance Update

Report prepared by:

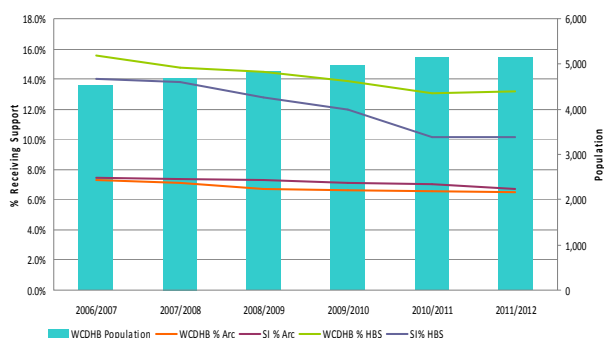
Planning and Funding Team

Report approved for release by:

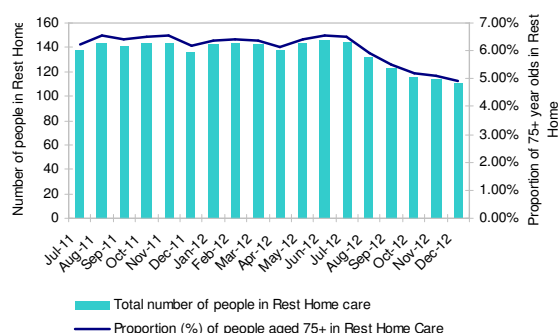
Carolyn Gullery, General Manager – Planning & Funding

# Older Persons' Health

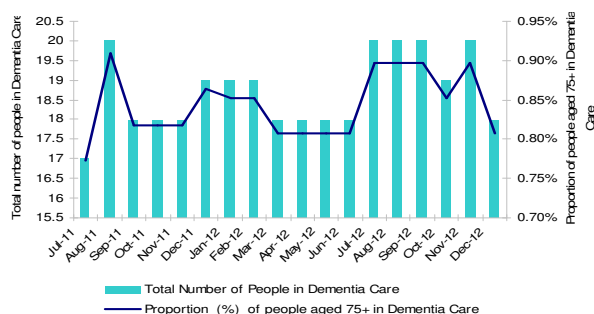
**People 65+ Receiving Home-based support vs. in ARC**



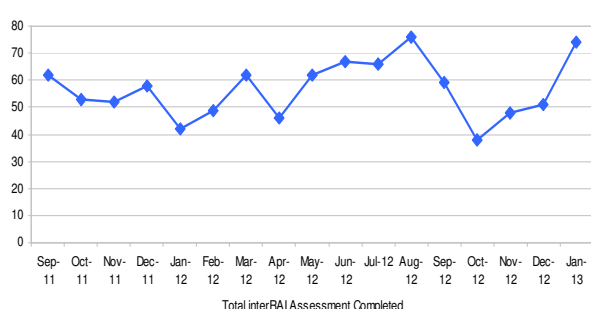
**Proportion of people aged 75+ admitted in Rest Home level care**



**Proportion of people aged 75+ in Specialist Dementia Care**



**Number of interRAI assessments completed**



## ACHIEVEMENTS/ISSUES OF NOTE

**Maximising independence model for homecare:** Work on a new restorative homecare model continues to be on track as part of the CCCN project.

- Dr Michelle Dhanak, geriatrician, now makes regular visits to Buller to provide clinical support to the Gerontology Nurse Specialist (GNS). She also continues to lead Interdisciplinary Team (IDT) meetings across the Coast, with terms of reference for these IDTs completed and signed off.
- Diane Brockbank commenced as CCCN manager on 4 February 2013.
- Current assessor roles will remain unchanged until July 2013 to assist with completing remaining client assessments. A reassessment of approximately 450 clients has commenced, to be completed by July 2013.
- Planning to determine the way forward for transalpine gerontology nursing is now underway. This includes developing an implementation plan to develop the GNS roles and establishing a transalpine interest/peer support group involving CDHB Clinical Gerontology Nurses and Clinical Nurse Specialists.
- Communications continue with home-based support services and primary care about restorative home-based support services and what this means going forward.

**InterRAI in rest homes:** As at Quarter 2 2012/13, approximately 65% of aged residential care (ARC) residents have now received an interRAI assessment. This number has been taken from Carelink records, as the national data warehouse for these assessments is still being set up. An implementation plan is being developed to assess the remaining clients, with training of ARC staff commencing on 4 March 2013.

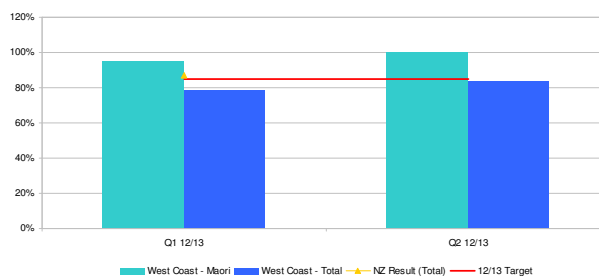


# Child, Youth & Maternity

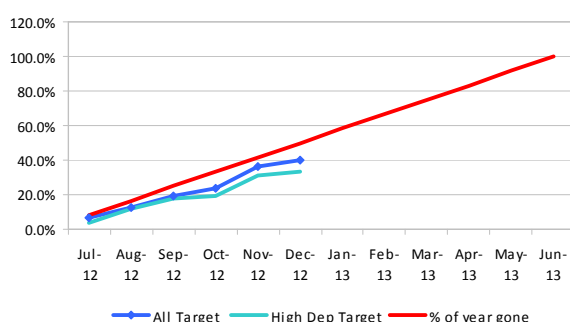
**Acute medical discharge rates for children (age 0-14)**



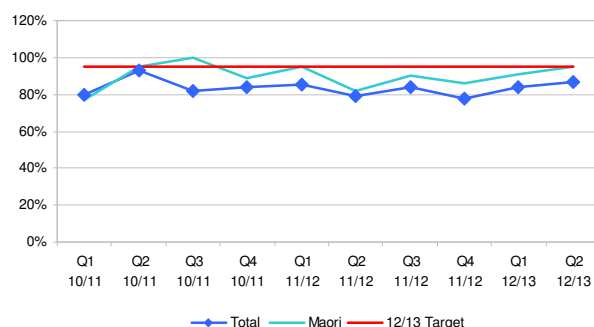
**Immunisation HT: Eight-month-olds fully immunised**



**B4 School Check coverage**



**Two-year-olds fully immunised**



## ACHIEVEMENTS/ISSUES OF NOTE

### Childhood immunisation:

**Eight-month-old immunisation:** West Coast DHB is on track to achieve the health target of 85% coverage, with overall coverage for Quarter 2 at 84%. Of significance, Māori coverage increased five percentage points to 100% (noting that the total number of children is 12) and deprivation 9 and 10 coverage increased eight percentage points to 93%.

**Two-year-old immunisation:** The West Coast DHB's coverage for Quarter 2 is 87% - an increase of 3% from the previous quarter. The Quarter 2 result is the highest since Quarter 3 2010/11 and indicates the continuous effort of primary care and Outreach Immunisation Services to achieve the highest possible coverage. Coverage for Māori two-year-olds has increased five percentage points to 95%. While the decline rate has decreased in Quarter 2, the high combined decline and opt-off rate of 12.5% (compared with 14.1% in Quarter 1) continues to impact the West Coast DHB's coverage for the two-year-old target. It is important to note that 99% (99/100) of West Coast two-year-olds who had not declined immunisation or opted off the National Immunisation Register (NIR) were fully immunised at the end of Quarter 2.

Work to improve immunisation coverage for both eight-month-olds and two-year-olds includes:

- A process timeline for all practices to use as guidance to ensure timely immunisation by eight months of age;
- NIR Administrator working with a key contact in each practice to identify children due, pending or overdue;
- Timely referral to Outreach Services;
- Collaboration with other WellChild service providers to refer children for immunisation; and
- Improving the enrolment process at birth.

There is ongoing collaboration with Canterbury DHB around NIR and ways to identify unvaccinated children.

**B4 School Check (B4SC)** coverage for Quarter 2 2012/13 is 40% for the total eligible target population, while coverage for high-needs eligible children is 33% - against the Quarter 2 target of 50% (as percentage of year gone).

The B4SC service has identified issues around coverage and is developing strategies to increase coverage, including:

- Increasing the focus on collaboration with other providers, e.g. Plunket, Outreach Immunisation Services and Māori health providers;
- Follow-up of DNAs to make further appointments or refer to the Public Health Nurses (PHNs) in the area;
- Follow-up of non-returns of information and consent forms sent to four-year-olds' parents via phone, visits to preschools and use of other agencies;

- Use of telephone or texts to remind families of appointments;
- Use of other data sources such as the National Immunisation Register, GP practice lists and preschools to identify eligible children;
- Establishment of a process to have a child referred to the PHN if not referred to the service before the children has reached 4 years and 6 months; and
- Promotion of B4SC during Children's Day in March 2013.

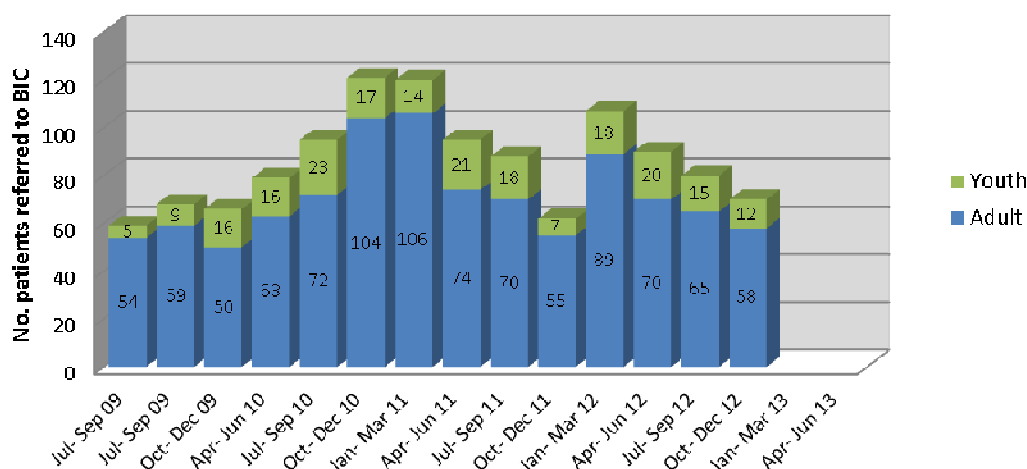
Public Health Nurses have indicated their support to be involved in the outreach process in a meeting held with them in Greymouth on the 14<sup>th</sup> of February 2013

**School Based Health Services (SBHS):** At the end of December 2012, 32 students were enrolled with the SBHS in four Alternative Education sites, with 22 referrals made during Quarters 1 and 2. Two more schools will be included as SBHS expand to decile 3 schools – namely Buller High School and Reefton Area School. These schools have been consulted and have indicated their willingness to participate; the service will be rolled out to them in the 2013 academic year.

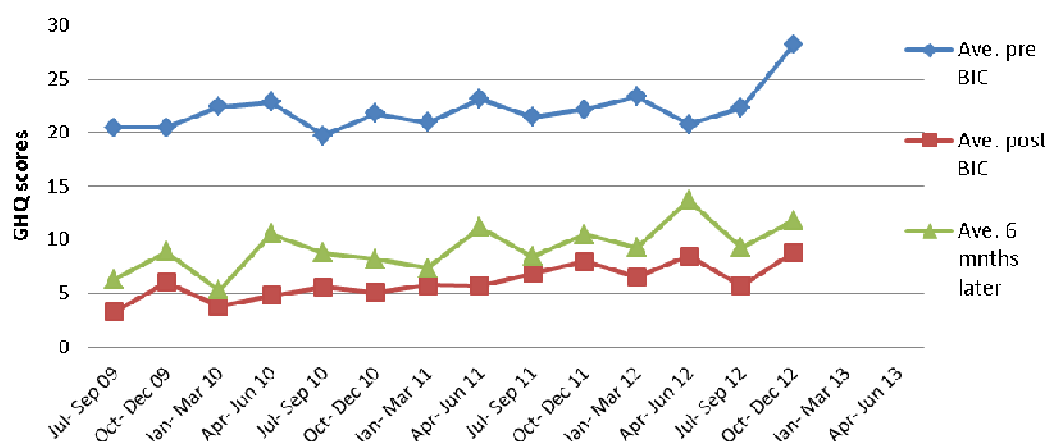
**Oral Health:** Interim data from the School Dental Service for the 2012 calendar year indicates that 56% of all five-year-olds were caries-free (no holes or fillings), which is a decrease of 5% from the 2011 result. However, the Māori caries-free rate has improved by 4% to 51% in 2012. The mean DMFT (decayed, missing and filled tooth) rate for Year 8 students has increased to 1.48 (1.39 in 2011) overall and 2.04 for Māori (1.88 in 2011). To assist in addressing this, a person has been employed for the next six months to work with the School Dental Service to promote oral health.

# Mental Health

**Patients - brief intervention counselling**



**Patient outcomes (change in GHQ scores)**



## ACHIEVEMENTS/ISSUES OF NOTE

**System Planning:** The community NGO providers met with Planning and Funding at the end of January to consider how they can move to a more integrated system of care for consumers, including improving the interface with Specialist Mental Health Services (SMHS) and primary care. The group will work together to develop recommendations for future service provision.

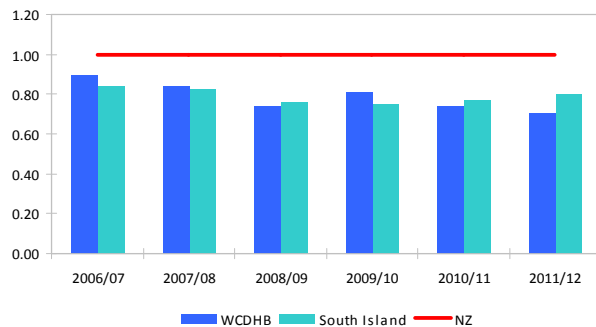
SMHS are also looking at how the consumer journey can become more seamless.

**Primary Mental Health Services:** A primary mental health team that sits within the PHO provides brief intervention counselling (BIC) alongside general practice. These services target people at the mild to moderate end of the severity continuum and should help prevent people from developing more enduring conditions.

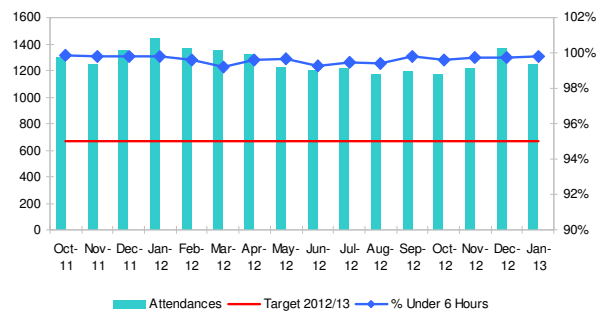
The graphs above show numbers of patients and their outcomes, measured by a general health questionnaire (GHQ). The outcomes data indicate that significant changes were made to levels of psychological distress and that these were maintained over time (as measured at a follow-up six months after the last counselling session).

# Urgent Care

**Acute Medical Discharge Rate**



**Emergency Department:  
Attendances & <6 Hours Health Target**

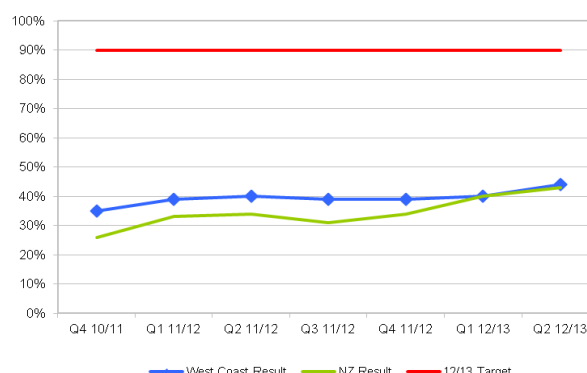


## ACHIEVEMENTS/ISSUES OF NOTE

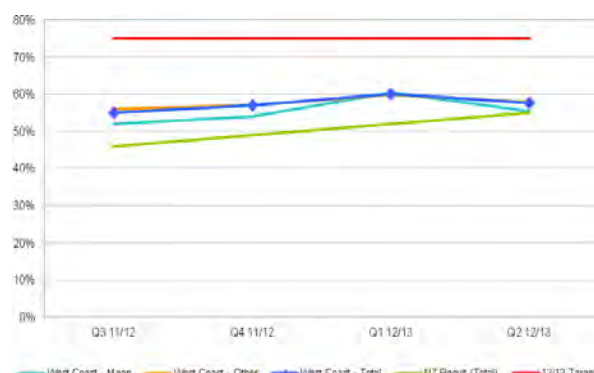
**ED Health Target:** West Coast DHB continues to deliver on the Health Target of over 95% of people seen, treated and discharged from Emergency Department services within 6 hours. Results for the financial year-to-date to 31 January 2013 are 99.8% of patients were seen, treated and discharged within 6 hours and 96.3% seen, treated and discharged within just 4 hours.

# Primary Care & Long-Term Conditions

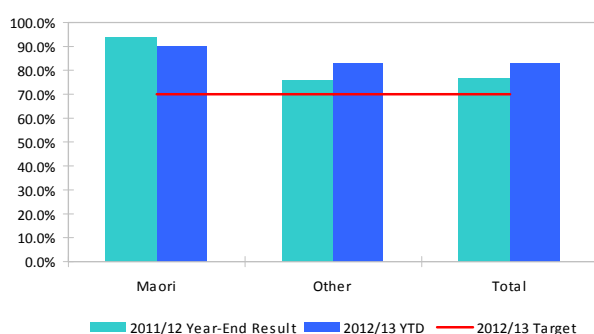
## Primary Smokefree Health Target: Smokers attending primary care given advice & help to quit



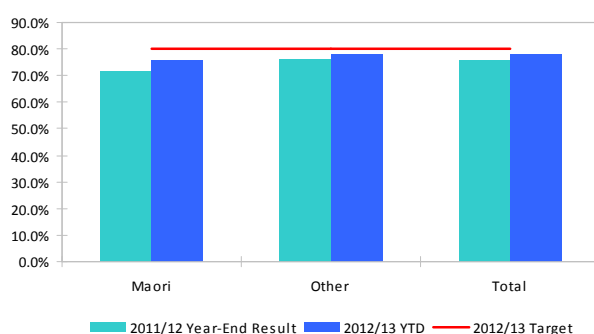
## CVD Health Target: % of eligible PHO population having had a CVD risk assessment in the last 5 years



## Diabetes Detection: % of people estimated to have diabetes who have had their annual check during the current year



## Diabetes Good Management: % of people who have HBA1c levels at or below 8.0 when assessed at their annual check



## ACHIEVEMENTS/ISSUES OF NOTE

**Primary Care Smokefree Health Target:** In Quarter 2, the West Coast result increased 4% to 44%. During this quarter, new activities were implemented that particularly focused on improving the accuracy of data capture, which has been identified as a barrier at practice level. HealthStat is now installed and operating in all the practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC health target. The Clinical Audit Tool is not yet in place, but it is hoped that this will be implemented before the end of Quarter 3.

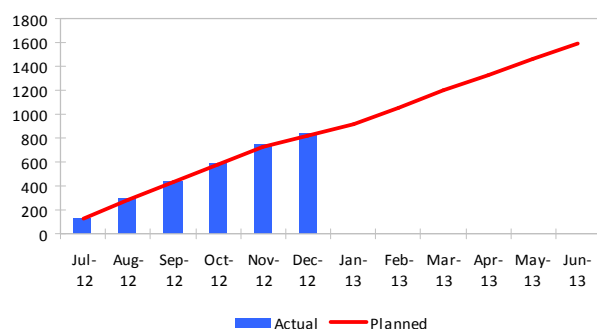
The PHO has employed suitably trained people to support practices to code the Brief Advice and to link patients to local cessation services. To date, work has commenced with two practices, resulting in a boost in ABC coding.

**CVD Health Target:** Data for the period to 31 December 2012 has shown a slip in progress from the previous quarter, dropping from 60% to 58%. However, the actual number of cardiovascular risk assessments delivered during the quarter is greater than the previous quarter. The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for screening once again. Activities to follow up these and other eligible patients for cardiovascular risk assessment (CVRA) include:

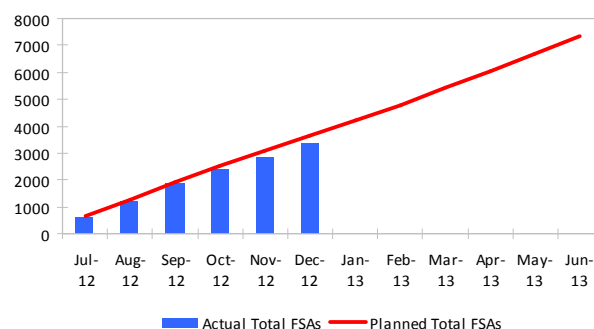
- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaborative planning in preparation for February 2013 Heart Month, which will concentrate on encouraging West Coasters to get their CVRA;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators in relation to the PPP for practice QI teams;
- The DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened); and
- Planning to occur with Rata Te Awhina nurse around processes and support for practice teams for Māori who are not engaging with invites for screening.

# Secondary Care & System Integration

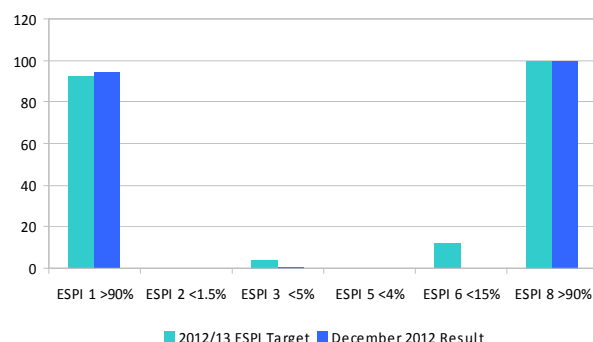
**Electives Health Target: Elective surgical discharges**



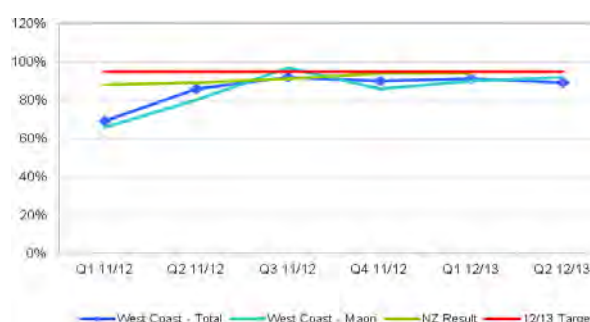
**Ambulatory Initiative Throughput (Specialist Outpatients)**



**Elective Service Performance Indicators (ESPIs)**



**Secondary Smokefree Health Target: Hospitalised smokers given quit advice & help**



## ACHIEVEMENTS/ISSUES OF NOTE

**Red Cross transportation option for Buller patients:** An evaluation of the trial Red Cross transportation service is to be undertaken at the end of February 2013. The service is being run one day a week during the trial period while demand, mode of transportation needs and volunteer availability are piloted.

**Cancer Health Target:** West Coast DHB continues to achieve the cancer treatment health target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks for the year-to-date (YTD) 31 January 2013.

**Secondary Care Smokefree Health Target:** Performance against the secondary care smokefree health target slipped slightly to 89% of hospitalised smokers having received help and advice to quit in Quarter 2, with the ABC intervention having to compete with the disruptions of urgent earthquake strengthening work.

Smokefree staff has been working with clinical nurse managers (CNMs) to provide leadership to their staff to lift performance to gain the last few percentage points to reach the 95% target. This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This enables CNMs to review all 'missed' patients, pinpoint any gaps at ward/unit level and address them for the following month. This is key to achieving the target, as a single 'missed' ABC contributes to more than 1% off the target.

**Electives Health Target:** West Coast DHB remains on track to meet the target. The report for the YTD 31 December 2013 shows that 846 actual raw surgical discharges were delivered overall by West Coast DHB, which is 103% of (or 23 cases above) the YTD planned target of 823 surgical discharges. This is 53% of the way toward the full-year target of 1,592 discharges to be delivered by West Coast DHB for the year.

**Ambulatory Initiative Throughput (Specialist Outpatients):** First specialist outpatient assessment (FSA) services delivery for all specialties for the YTD 31 December 2012 is 3,387 attendances. This is 93% of (or 265 cases lower than) the planned YTD target of 3,652, and is 46% of the way toward the full 2012/13 year's planned delivery.

Surgical FSAs for the YTD 31 December 2012 have been delivered at 96% of planned YTD volume (2,504 FSAs delivered compared to 2,611 planned), which is equivalent to 48% of the 2012/13 total planned surgical FSAs.

As with elective inpatient surgery, outpatient FSA throughput within specialties is varied, with over-production in some offsetting under-production in other specialties (particularly among medical specialties).

**Elective Service Performance Indicators (ESPIs):** For December 2012, West Coast DHB was compliant in both ESPI 2 (no patients wait more than 6 months for FSA) and ESPI 5 (no patients given commitment to surgery wait longer than 6 months for treatment), with no patients waiting over 6 months. DHBs are expected to reduce waiting times for both ESPI 2 and ESPI 5 to a maximum of 5 months by the end of June 2013 and throughout the 2013/14 year ahead.

# FINANCE REPORT



West Coast District Health Board  
Te Poari Hauora a Rohe o Tai Poutini

**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Justine White, General Manager: Finance

**DATE:** 7 March 2013

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

This report is a standing agenda item providing an update on the latest financial results and other relevant financial matters of the West Coast District Health Board that are dealt with by this Committee.

## 2. RECOMMENDATION

That the Committee  
i. notes the Financial Report.

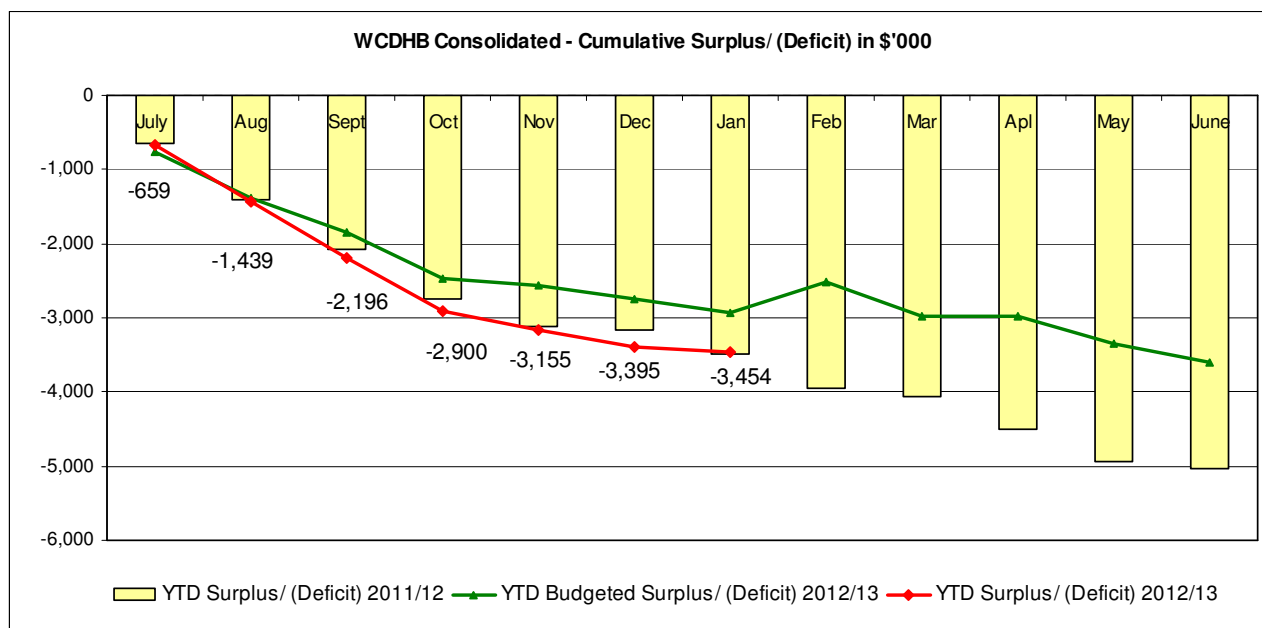
## 3. SUMMARY

### Financial Overview for the period ending 31 January 2013

	Monthly Reporting				Year to Date			
	Actual	Budget	Variance		Actual	Budget	Variance	
<b>REVENUE</b>								
Provider	6,280	6,444	(164)	x	43,644	44,547	(903)	x
Governance & Administration	179	183	(4)	x	1,319	1,283	36	√
Funds & Internal Eliminations	5,091	4,780	311	√	33,984	33,462	522	√
	11,550	11,407	143	√	78,947	79,292	(345)	x
<b>EXPENSES</b>								
Provider								
Personnel	4,592	4,807	215	√	32,003	32,507	505	√
Outsourced Services	839	649	(190)	x	6,723	6,142	(581)	x
Clinical Supplies	473	545	72	√	4,094	4,521	427	√
Infrastructure	1,252	905	(347)	x	8,147	6,470	(1,677)	x
	7,156	6,906	(249)	x	50,967	49,641	(1,326)	x
Governance & Administration	75	183	108	√	945	1,283	337	√
Funds & Internal Eliminations	3,868	3,996	128	√	27,039	27,733	694	√
<b>Total Operating Expenditure</b>	11,099	11,086	(13)	x	78,951	78,656	(295)	x
<b>Deficit before Interest, Depn &amp; Cap Charge</b>	(451)	(321)	130	√	4	(636)	(640)	x
<b>Interest, Depreciation &amp; Capital Charge</b>	510	510	(0)	x	3,450	3,569	119	√
<b>Net deficit</b>	59	190	131	√	3,454	2,933	(521)	x

## CONSOLIDATED RESULTS

The consolidated result for the year to date ending January 2013 is a deficit of \$3,454k which is an unfavourable variance of \$521k to budget (\$2,933k deficit). The result for the month of January 2013 is a deficit of \$59k which is \$131k favourable to budget.



## RESULTS FOR EACH ARM

### Year to Date to January 2013

West Coast District Health Board Arm	Actual	Budget	Variance	Comment
	\$000	\$000	\$000	
Provider Arm surplus / (deficit)	(10,773)	(8,664)	(2,109)	Unfavourable
Funder Arm surplus / (deficit)	6,945	5,731	1,214	Favourable
Governance Arm surplus / (deficit)	374	0	374	Favourable
<b>Consolidated result surplus / (deficit)</b>	<b>(3,454)</b>	<b>(2,933)</b>	<b>(521)</b>	<b>Unfavourable</b>

## FUNDER ARM

Total Funder arm revenue year to date is \$71,996k, \$527k favourable to budget.

Funder revenue from the Ministry of Health is \$70,851k, \$454k favourable to budget (\$70,397k).

- Funding for the HEHA programme was withdrawn after the budget was set (\$119k to date) but offsetting this is additional revenue (received since the budget was set) including funding for immunisation services and community youth alcohol and other drug services (budgeted as external Ministry of Health funding in the Provider arm budget as above) and vaccine funding.

## Expenses

The District Health Board's result for services funded with external providers for the month of January 2013 was \$132k (3%) favourable to budget and year to date payments are \$695k (2%) favourable to budget.



**WEST COAST DISTRICT HEALTH BOARD**  
**FUNDER ARM - PAYMENTS TO EXTERNAL PROVIDERS**  
as at 31 January 2013

Current Month				Year to Date					2012/13
Actual	Budget	Variance		SERVICES	Actual	Budget	Variance		Annual Budget
\$000	\$000	\$000	%		\$000	\$000	\$000	%	\$000
				<b>Primary Care</b>					
25	39	14	36% ✓	Dental-school and adolescent	232	274	42	15% ✓	470
0	3	3	100% ✓	Maternity	0	11	11	100% ✓	20
0	1	1	✓	Pregnancy & Parent	0	5	5	100% ✓	8
0	3	3	100% ✓	Sexual Health	9	20	11	54% ✓	33
3	4	1	22% ✓	General Medical Subsidy	35	27	-8	-30% ✗	46
540	538	-2	0% ✗	Primary Practice Capitation	3,765	3,767	2	0% ✓	6,458
10	12	2	18% ✓	Primary Health Care Strategy	54	84	30	36% ✓	144
79	79	0	0% ✓	Rural Bonus	552	554	2	0% ✓	950
3	6	3	48% ✓	Child and Youth	21	40	19	48% ✓	69
4	1	-3	-327% ✗	Immunisation	23	6	-17	-258% ✗	96
61	46	-15	-32% ✗	Maori Service Development	145	323	178	55% ✓	551
18	9	-9	-97% ✗	Whanua Ora Services	125	64	-61	-95% ✗	110
32	22	-10	-49% ✗	Palliative Care	104	133	29	22% ✓	214
6	17	11	65% ✓	Chronic Disease	52	119	67	56% ✓	204
12	11	-1	-7% ✗	Minor Expenses	83	78	-5	-6% ✗	134
<b>793</b>	<b>791</b>	<b>-2</b>	<b>0% ✗</b>		<b>5,200</b>	<b>5,505</b>	<b>305</b>	<b>6% ✓</b>	<b>9,507</b>
				<b>Referred Services</b>					
23	25	2	10% ✓	Laboratory	93	168	75	45% ✓	269
657	747	90	12% ✓	Pharmaceuticals	4,876	4,811	-65	-1% ✗	8,129
<b>680</b>	<b>773</b>	<b>93</b>	<b>12% ✓</b>		<b>4,969</b>	<b>4,979</b>	<b>10</b>	<b>0% ✓</b>	<b>8,398</b>
				<b>Secondary Care</b>					
5	22	17	77% ✓	Inpatients	68	155	87	56% ✓	266
106	97	-9	-9% ✗	Travel & Accommodation	777	681	-96	-14% ✗	1,168
1,273	1,269	-4	0% ✗	IDF Payments Personal Health	8,901	8,882	-19	0% ✗	15,226
<b>1,384</b>	<b>1,388</b>	<b>4</b>	<b>0% ✓</b>		<b>9,746</b>	<b>9,718</b>	<b>-28</b>	<b>0% ✗</b>	<b>16,660</b>
<b>2,857</b>	<b>2,952</b>	<b>95</b>	<b>3% ✓</b>	<b>Primary &amp; Secondary Care Total</b>	<b>19,915</b>	<b>20,202</b>	<b>287</b>	<b>1% ✓</b>	<b>34,565</b>

21	16	-5	-30% ❌	<b>Public Health</b>					
6	6	0	1% ✔️	Nutrition & Physical Activity	129	113	-16	-14% ❌	194
49	11	-38	-332% ❌	Public Health Infrastructure	42	43	1	1% ✔️	73
				Tobacco control	84	79	-5	-6% ❌	136
<b>76</b>	<b>34</b>	<b>-42</b>	<b>-126% ❌</b>	<b>Public Health Total</b>	<b>255</b>	<b>235</b>	<b>-20</b>	<b>-9% ❌</b>	<b>403</b>
				<b>Mental Health</b>					
0	2	2	100% ✔️	Eating Disorders	23	13	-10	-73% ❌	23
53	64	11	18% ✔️	Community MH	373	451	78	17% ✔️	773
0	1	1	0% ✔️	Mental Health Work force	-4	5	9	182% ✔️	8
47	48	1	1% ✔️	Day Activity & Rehab	331	335	4	1% ✔️	574
-4	14	18	126% ✔️	Advocacy Consumer	35	101	66	65% ✔️	173
19	5	-14	-251% ❌	Advocacy Family	75	38	-37	-98% ❌	65
0	0	0	✔️	Minor Expenses	0	0	0	✔️	0
102	124	22	18% ✔️	Community Residential Beds	866	871	5	1% ✔️	1,493
68	68	0	0% ❌	IDF Payments Mental Health	476	473	-3	0% ❌	811
<b>285</b>	<b>327</b>	<b>42</b>	<b>13% ✔️</b>		<b>2,175</b>	<b>2,287</b>	<b>112</b>	<b>5% ✔️</b>	<b>3,920</b>
				<b>Older Persons Health</b>					
3	3	0	0% ❌	Information and Advisory	20	18	-2	-9% ❌	30
0	0	0	✔️	Needs Assessment	0	0	0	✔️	0
67	59	-8	-14% ❌	Home Based Support	406	401	-5	-1% ❌	671
13	10	-3	-34% ❌	Caregiver Support	64	69	5	7% ✔️	115
173	217	44	20% ✔️	Residential Care-Rest Homes	1,328	1,772	444	25% ✔️	2,739
-6	-2	4	✔️	Residential Care Loans	-36	-14	22	157% ✔️	-24
24	26	2	8% ✔️	Residential Care-Community	170	182	12	6% ✔️	312
349	328	-21	-6% ❌	Residential Care-Hospital	2,490	2,265	-225	-10% ❌	3,828
0	4	4	100% ✔️	Ageing in place	4	30	26	87% ✔️	50
5	11	6	54% ✔️	Environmental Support Mobility	48	76	28	37% ✔️	132
8	8	0	1% ✔️	Day programmes	61	56	-5	-8% ❌	97
5	13	8	62% ✔️	Respite Care	75	90	15	17% ✔️	154
119	119	0	0% ✔️	IDF Payments-DSS	833	834	1	0% ✔️	1,430
<b>760</b>	<b>796</b>	<b>34</b>	<b>4% ✔️</b>		<b>5,463</b>	<b>5,779</b>	<b>316</b>	<b>5% ✔️</b>	<b>9,533</b>
<b>1,045</b>	<b>1,123</b>	<b>75</b>	<b>7% ✔️</b>	<b>Mental Health &amp; OPH Total</b>	<b>7,638</b>	<b>8,066</b>	<b>428</b>	<b>5% ✔️</b>	<b>13,453</b>
<b>3,978</b>	<b>4,110</b>	<b>132</b>	<b>3% ✔️</b>	<b>Total Expenditure</b>	<b>27,808</b>	<b>28,503</b>	<b>695</b>	<b>2% ✔️</b>	<b>48,421</b>

Underspend

132

YTD Underspend

695

please note that payments made to WCDHB via Healthpac are excluded from the above figures

## Commentary on year to date variances

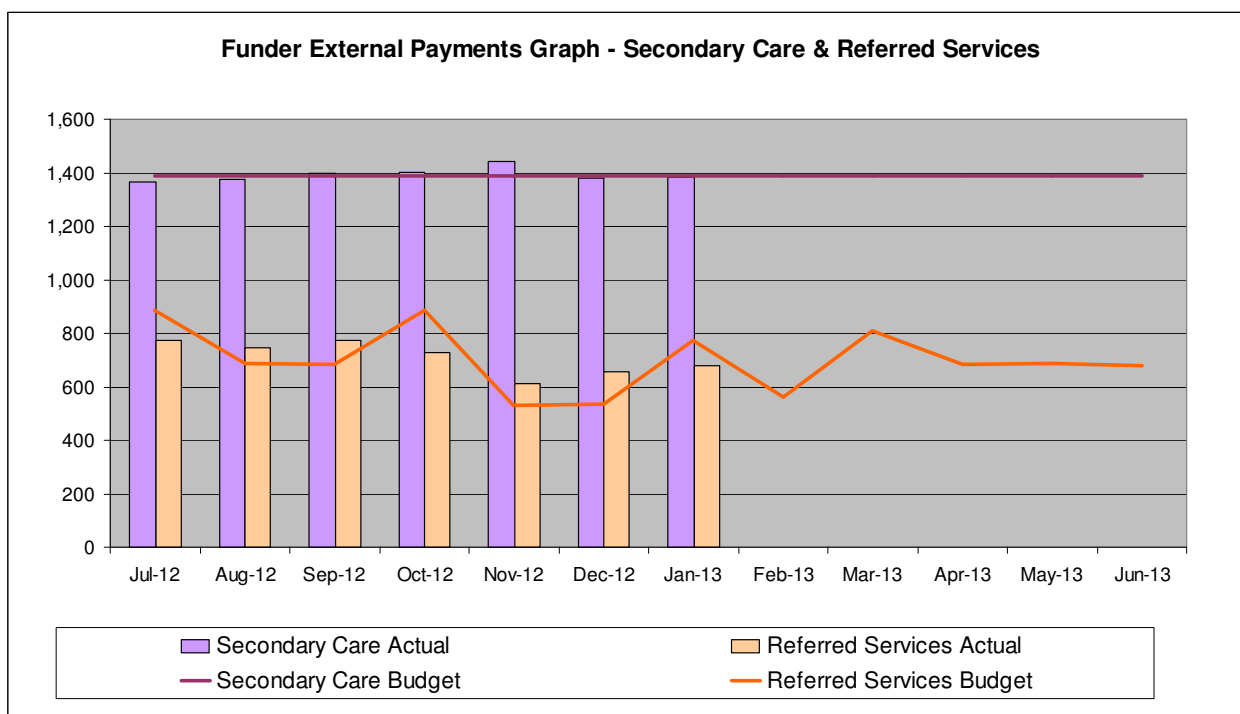
### Secondary Care

Secondary Care services are \$28k unfavourable to budget to date. Travel and accommodation paid under the National Travel Assistance (NTA) scheme is \$96k unfavourable to budget to date, which is 9% higher than last YTD –this is an improvement on prior periods with costs recorded in January 16% less than for the same month last year. These claims are administered by the Ministry of Health. Inter District Flows (IDFs) reflected for the year are the cash payments made to date. Overall, inpatient costs are \$87k favourable to budget, however within this, medical patients in community care are \$31k unfavourable to budget, with volumes greater than budget. These placements vary in duration and this unfavourable variance may improve over the remainder of the year. Access to care is via prior approval.

### Referred Services

The cost for community pharmaceuticals to date is \$4,876k, \$65k unfavourable to budget. From January 2013 co-payments for pharmaceuticals increase from \$3 to \$5, reducing the reimbursable costs paid to community pharmacies. Overall we are forecasting that the cost of community pharmaceuticals will be on budget at year end.

Laboratory services are \$75k favourable to budget – an adjustment was made to last year's accrual for claims yet to be submitted reducing this years costs. Without this adjustment costs would be on budget to date.

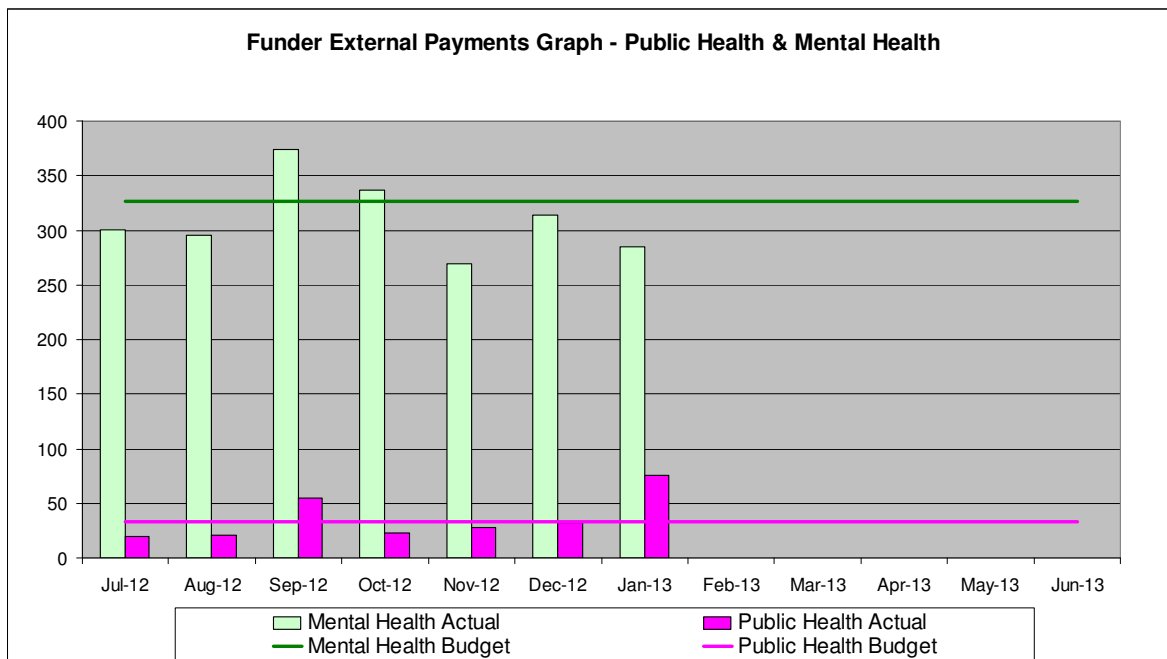


### Public Health

Public health services are funded directly by the Ministry of Health, with revenue equivalent to cost. HEHA under spend from prior years is funding some contracts and costs for nutrition and physical activity this year.

### Mental Health

Mental health costs are \$112k favourable to budget to date. Changes to contracts have resulted in some variances to budget, with unfavourable variances in some budget lines offset by favourable variances in other lines. Community residential beds are \$5k unfavourable to budget to date. Community mental health services are \$78k favourable to budget as services have yet to begin, including services to be funded via Pharmac savings which will not begin until February 2013.



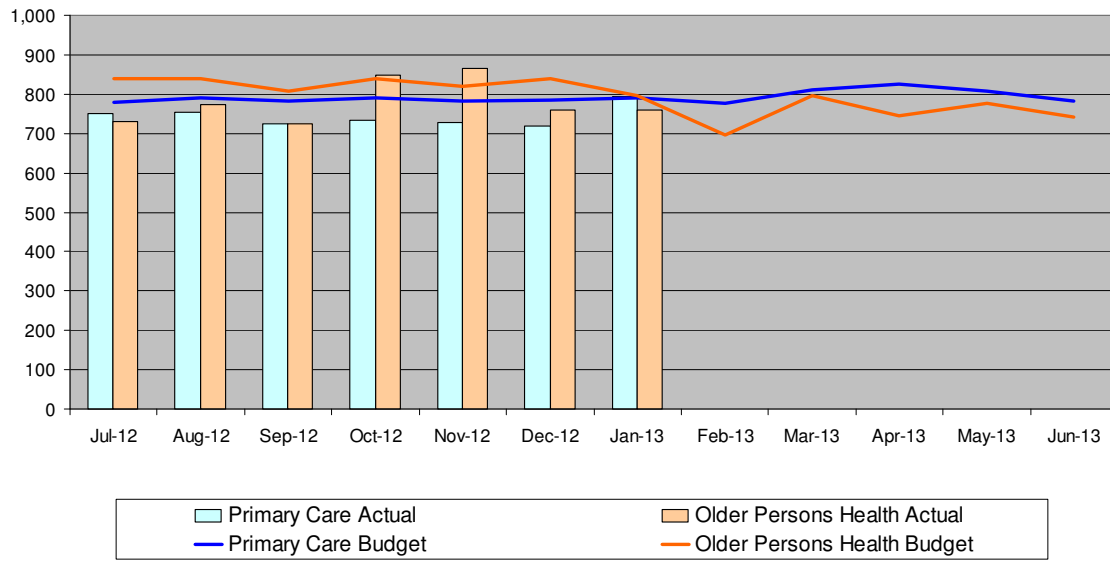
### Primary Care

Primary care services are \$305k favourable to budget to date. Payments for Maori health services are \$117k favourable to budget to date. A new contract with RATA begins 1 January 2013 and costs should be to budget for the remainder of the year if all services are in place. Discretionary costs (chronic conditions and palliative care) are together \$96k favourable to budget to date; these costs are incurred on an individual basis and demand driven, thus variable from month to month.

### Older Persons Health

Overall expenditure (residential and non residential) is favourable to budget YTD (\$316k or 5%). These costs are mainly demand driven with prior approval required to access (via Carelink and Home Based Support services). Funding for these services has also been made more flexible (as seen in some of the variances to budget) with contracts for home and community based care which enable people to remain in the community and delay entry to residential care. Residential care in external rest homes (excluding West Coast DHB owned) is \$444k favourable to budget and hospital level care is \$225k unfavourable to budget; overall these costs are \$216k favourable.

**Funder External Payments Graph - Primary & Older Person Services**



# COMMUNITY AND PUBLIC HEALTH UPDATE



**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 7 March 2013

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Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, providing information about the work of Community and Public Health (West Coast).

## 2. RECOMMENDATION

That the Committee;

- i. notes the Community & Public Health Update

## 3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work over the period December 2102 to February 2013.

## 4 APPENDICES

Appendix 1: Community & Public Health Update

Report prepared by: Jem Pupich, West Coast Team Leader, Community and Public Health

Report approved for release by: Dr Cheryl Brunton (Public Health Specialist) and Derek Benfield (Regional Manager, CPH West Coast)

## **COMMUNITY AND PUBLIC HEALTH (CPH)**

### **February 2013**

#### **Healthy Eating – Trial of a Fruit and Vegetable Co-op**

For a five week period from November to mid December 2012 Community and Public Health trialed a project similar to the Veggie Co-op project in Christchurch with the aim of:

- Providing fresh fruit and vegetables on a weekly basis to ‘needy’ individuals and families at wholesale prices or below.
- Providing information and support on healthy eating to families, individuals and communities

The opportunity for this trial arose when the Veggie Co-op associated with the Anglican Church in Christchurch offered to purchase cheap vegetables to enable a Greymouth project when they purchased supplies for their Christchurch project. Summerland’s - a Christchurch truck company - offered to deliver these free of charge to Greymouth. Paparoa Range School arranged for ten needy families to purchase these vegetables at a cost of \$10.00 a box (some examples of weekly box contents are shown below).



The vegetables and messages were well received by the families involved, however, an evaluation of all aspects of the project is being undertaken to see if it should continue and if it should, whether or not the capacity could increase.

#### **New direction for Health Promoting Schools (HPS)**

Several West Coast schools have expressed their interest in working with the new direction for the HPS initiative under development nationally by Cognition Education Limited, through a contract with the Ministry of Health. This new direction is more closely aligned than the previous model with schools’ objectives for accelerating improved educational outcomes amongst vulnerable groups of students identified by the school. Students categorised as ‘vulnerable’ could include Maori, Pasifika, those with disabilities or low socio-economic status or combinations of these. As an example of how this can work in real life, the West Coast HPS Co-ordinator will participate in a 2013 Ministry of Education project involving a cluster of six schools to improve student behaviour as a means of improving educational outcomes. The reason for HPS involvement is recognition by the Ministry of Education that an underlying contributor to some students’ negative behaviour could be their own/ and/or their whanau’s poor health and wellbeing. Such collaboration holds the potential for those working in the education and health sectors to make a measurable difference in educational and health outcomes.

#### **Internet Health and Safety Training for West Coast Schools**

Community and Public Health’s HPS Coordinator worked with WestREAP to bring John Parsons (from Simulate2Educate in Nelson) for a day of internet health and safety training in the Grey District late last year. He worked with Yrs 7 and 8 students and their teachers at a primary school in the morning, and he has also presented at the once-per-term meeting of Education West Coast, a network of educators, and held a professional development session for interested local teachers at which staff from four schools participated.

All up Mr Parsons interacted with about 156 people on his visit to the Grey District, and the feedback was very positive. So positive, in fact, that nine Grey District schools have signed up for

his training set for 11-21 February. WestREAP and BullerREAP are in the process of planning for further visits by Mr Parsons later in 2013. This training has been formally evaluated by CPH and a report is available on request.

### **Smokefree/Tobacco Control**

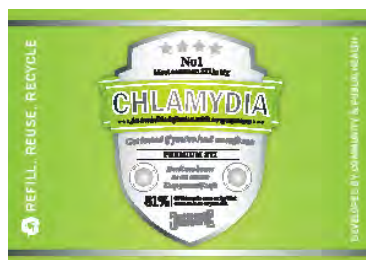
There were changes to the Smokefree Environments Act 1990 in late July 2012 around tobacco displays. Tobacco retailers now have to keep tobacco products out of sight. Community and Public Health have visited most of the tobacco retailers on the West Coast over the past few months and so far have found that these changes have been readily implemented with no breaches of the new regulations. In December 2012 a Controlled Purchase Operation (CPO) was held in the Greymouth area. Fourteen tobacco retailers were visited and there were no sales to the 16-year-old volunteer. This is a very positive result.

The price of cigarettes and other tobacco products increased by 11.1% on the 1<sup>st</sup> of January 2013. The price of a packet of 20 cigarettes went up from around \$14.40 to \$16.00. The increase in the tobacco excise tax is part of a number of measures being introduced as New Zealand moves towards Smokefree 2025. By 2025 it is expected that there will be less than 5% of the population smoking. The present national smoking rate (for people aged 15 years and over) is estimated to be 18%. On the West Coast the percentage of smokers aged 15+ years is nearer to 26% (Census 2006). There are three key strategies for achieving the Smokefree 2025 vision:

1. Protecting children from exposure to tobacco
2. Reducing the demand for and supply of tobacco products
3. Increasing successful quitting

### **Alcohol Harm Reduction**

Health promoters from Community and Public Health worked with the Kumara Race Committee and Police to ensure that the annual Kumara Race Day on Saturday 12<sup>th</sup> January was fun and memorable for race goers and that they all got home safely. Activities included spreading the Good Memories, No Regrets message via radio advertisements leading up to the event, posters at the race course (in toilets and bar areas), health messages being shared over the public announcements on the day, handing out lucky draw leaflets with positive health messages at the gate, and giving out 1000 bottles of water to race goers especially those in the 16-30 year age group. The water was labelled with a message designed to raise awareness around Chlamydia and the importance of safe sex.



A debrief meeting has been held and overall the event was a great success with an estimated 7500 people in attendance. There was one assault later in the day (after the races had finished) which was dealt with by the Police. One driver was caught with excess breath alcohol on the way home from the races.

Sunscreen was available free (using the sunscreen spike from the Grey District Council). There was also sunscreen available from the Red Cross area. Condom packs with information about safe sex were distributed by CPH to most of the licensed premises in Kumara and Greymouth where race goers were likely to visit after the races finished.





**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Dr Carol Atmore, Chief Medical Officer  
Stella Ward, ALT Chair  
Kim Sinclair-Morris, Planning & Funding  
Claire Robertson, Alliance Programme Office

**DATE:** 7 March 2013

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is a standing agenda item, highlighting the progress made on the Implementation of Better Sooner More Convenient.

## 2. RECOMMENDATION

That the Committee  
i. notes this item

## 3. SUMMARY

### West Coast Alliance Structure

The revised structure of the West Coast Alliance is attached for your information.

### PP2 BSMC – West Coast DHB Q2 2012/13

#### Section 1: Delivering on Ministry expectations

##### *Year Three deliverables*

**Ministry requirement:** Quarterly reports outlining progress against the key deliverables in the jointly agreed Year Three Implementation Plans, including resolution plans for any areas of slippage against deliverables.

Progress during Quarter 2 2012-13, for the BSMC workstreams Health of Older People, Buller IFHC and Grey IFHS is outlined in Sections 2-4.

##### *Flexible Funding Pool*

**Ministry requirement:** Quarterly reports on the operation and expenditure of the Flexible Funding Pool, including how pool funding has been jointly prioritised to deliver services.

The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes, including the Long Term Conditions Management programme and Smoking Cessation. Information on the expenditure of the Flexible Funding Pool is provided in Section 5.

##### *Alliancing & clinical leadership*

**Ministry requirement:** Description of how all necessary clinicians and managers (primary/community and secondary) will be involved ongoing in the process of development, delivery and review.

The Alliance Leadership Team (ALT) oversees the implementation of the BSMC Business Case and provides leadership to the West Coast Health Alliance. During this quarter, the structure and scope of the West Coast Health Alliance has been redefined, with agreement on an augmented ALT membership to include SMO, Māori Health, Primary Care Nursing, Programme Director and Consumer perspectives. The

membership of the ALT continues to be predominately clinical to ensure clinically led service development and implementation, within a 'best for patient, best for system' framework.

Moving forward, the West Coast Health Alliance will be comprised of the following six workstreams, which are clinically led and have dedicated project management and planning and funding resource:

- Buller Integrated Family Health System
- Grey/Westland Integrated Family Health System
- Health of Older People
- Child and Youth Health
- Pharmacy
- Public Health – Healthy West Coast Governance Group

The revised West Coast Health Alliance structure also includes the establishment of an Alliance Support Group (ASG) and Programme Office to facilitate and support progress on the delivery of the Alliance work plan.

The West Coast Health System Clinical Board is responsible for leading clinical governance in the health services provided or funded by WCDHB. The Clinical Board continues to oversee and enhance the provision of care across the whole West Coast health system by ensuring safe, sustainable services.

### **Community pharmacy**

*Ministry requirement: Activities to integrate community pharmacy.*

A proposal for implementation of the Pharmacist 2GP Liaison project was put forward to ALT, which would see a pharmacist presence in primary practice on a regular basis. At its December meeting, the ALT supported the Pharmacist 2GP Liaison concept; however, approval was delayed until completion of the West Coast DHB re-forecasting process in January 2013.

Hospital and community pharmacies continue to work in an integrated manner through activities such as shared intern roles and the compressed pharmacy role. The compressed pharmacy role ensures there is no reliance on locum cover required within pharmacy – decreasing the cost to the health system both for the DHB and for the community pharmacies.

### **Nursing services**

*Ministry requirement: Activities to expand and integrate nursing services.*

Progress during the quarter on expanding and integrating nursing services have included:

- Ongoing recruitment of Rural Nurse Specialist, Nurse Practitioner, Kaupapa Māori Nurse and District Nursing positions. It has been agreed that going forward nursing position descriptions will reflect integrated nursing roles and skills and nurses will be employed to the West Coast DHB rather than a specific geographic location or facility.
- Developing plans for the movement of Clinical Nurse Specialists and Public Health Nurses into the community in early 2013.
- Discussions with the newly appointed Chief Executive of Rata Te Awhina Trust on how to improve ways of working to coordinate nursing services and integrate Māori Health more effectively.

### **Health needs analysis**

*Ministry requirement: Evidence of health needs analysis of population by localities.*

With integration of the CDHB and WCDHB Planning & Funding teams, the WCDHB is in the process of adopting analytical tools currently being used and developed at CDHB for health needs analysis and risk analysis. The West Coast will retain dedicated analytical support based in Greymouth and will receive additional expertise from Canterbury.

### **Improved outcomes**

*Ministry requirement: Identification of targeted areas/patient groups for improved outcomes as a result of enhanced primary and community service delivery (with a focus on managing long-term conditions) including:*

***a. Identification of and achievement against targets for the number of people that are expected to be appropriately managed in primary/community setting instead of secondary care***

At the end of this quarter 2351 patients were enrolled in the Long Term Conditions Management programme, out of the WCPHO's approximately 31,300 enrolled patients, this means that 7.5% of the enrolled population is engaged in a structured programme of care for their long term condition(s).

***b. Identification of and achievement against targets for growth reduction in ED attendance, acute inpatient admissions and bed days***

Acute Inpatient admissions:

- The WCDHB acute length of stay is second lowest in the country at 3.41 (standardised, year to 31 December 2012).

Acute Readmissions:

- The WCDHB acute readmission rate is the lowest in the country at 7.57 (standardised, year to 31 December 2012), compared to the national rate of 10.40.

Reduction in ED attendance:

- The current rates for ED are indicating a significant decline in Triage Level 5 attendance rate as planned. At half-year, Level 5 attendances to Grey are 16% fewer than the minimum 5% reduction sought (at 1,713), while at Reefton and Buller, the reduction is currently 27% fewer attendances (at just 277). It is expected that these rates will drop back as winter months impact, but it is anticipated that our 5% per annum reduction will be achieved at year end. To help maintain this, the WCDHB is continuing to undertake the following steps to help retain the current trend towards overall reduction for the year:
  - West Coast DHB is currently reviewing the configuration of the GP and rural nurse workforce across Grey (especially GP recruitment) – the configuration of this workforce is critical in helping to reduce Triage 5 presentations at ED.
  - West Coast DHB is currently reviewing the configuration of the GP and rural nurse workforce across Reefton and Buller (especially GPs and Rural Nurse Specialists into Buller Medical Practice). Getting the right configuration of workforce is critical in helping to reduce Triage 5 presentations at the Buller Health and Reefton A&M services. In addition, with no GP on site at present, Reefton General Practice is receiving GP support from the Greymouth-based Rural Academic General Practice (RAGP) for the Reefton practice nurses. This includes daily video-conferencing with the Reefton nurses and weekly visiting clinics from RAGP doctors to Reefton. Where these are not possible, RAGP are holding slots at the Greymouth clinic for Reefton patients to attend for consultation.

***c. Identification of and achievement against a target for the prevention of readmissions for the 75+ population (and any other target populations)***

Section 1 outlines the Health of Older People workstream's progress, including progress on the Complex Clinical Care Network (CCCN) work plan.

Our 75+ acute readmission rate result to 31 December 2012 was 13.47 (standardised) and 11.89 (unstandardised). While short of our targeted improvement, West Coast has the second-lowest 75+ readmission rate in the country and achieved an improvement on our baseline (13.61% baseline down to 13.47%). An appointment has been made into a new complex care management role. Part of this role will be tracking patient flows for the frail elderly, in collaboration with the newly formed complex care management team. It is anticipated that progress will be made in the following quarter, as the appointee is about to commence their new role.

## Infrastructure

**Ministry requirement:** *Identification of and activities (with timeline) to ensure infrastructure and revenue streams appropriate to support the identified change in activities and service delivery model. Progress against the above infrastructure and revenue stream milestones.*

Supporting infrastructure includes the continued development of West Coast-specific Health Pathways and adoption of the appropriate CDHB pathways. A new project manager has been appointed to progress West Coast Health Pathways and will commence this work in Q3 2012/13. The Flexible Funding Pool (section 4) also supports service delivery.

During this quarter, the Minister of Health has agreed to finalise and fast-track plans to redevelop Grey Base Hospital in Greymouth. Managers and clinicians will work alongside a Partnership Group to develop the Final Business Case, which will include more detailed plans for the design and function of the new hospital and integrated family health centre. The DHB is optimistic that in the coming days the Partnership Group will finalise the intention to produce two Final Business Cases, one each for Grey IFHC and Buller Health redevelopment by 30 April 2013.

Initial emergency repairs to Grey Hospital facilities that were found to have significant seismic risks were progressed during this quarter. Various hospital services have been reconfigured and relocated to allow for this remedial work.

A four-month trial of a free community transport service between Greymouth and Westport commenced in October 2012. The service provides transport to people who cannot otherwise afford or arrange to attend medical appointments at Grey Base Hospital. It prioritises older people, those who can demonstrate need or those who are referred to the service by a health provider. The intention of the Community Transport Service is to reduce the total number of people who are unable to attend hospital appointments due to transport issues. During the trial period, the service will operate one day a week, which will be the day of highest demand as per the clinic lists at the hospital.

## Section 2: Health of Older People Workstream Progress Q2 2012-13

**Health of Older People Workstream:** A revised Work Plan, Terms of Reference and CCCN Governance Group were approved by the West Coast ALT on 4 October 2012. Work has commenced in the following areas:

- Discussions with home based supports services on restorative home based support and what this means going forward;
- Exploring stratification and proactive identification of patients to target interventions;
- Engagement with primary care around restorative home based support services;
- Discussions with Rural Nurse Specialists in Karamea, Westport, Reefton, Moana and Ngakawau about the fragmentation of service delivery for older people and the exploration of options for integrating service delivery; and
- Exploring the development of an early supported discharge model of care similar to Canterbury's CREST (Community Rehabilitation Enablement Support Team) service.

**Interdisciplinary Team (IDT):** The IDT has been running since 26 September 2012, and the final TOR has been agreed by the team. IDT membership includes geriatrician, allied health, clinical assessors, dementia outreach, GP, Practice Nurses, home based support, Rural Nurses, District Nurses, health navigator and disease-specific Clinical Nurse Specialists on an 'as needed' basis. A minimum of six cases are presented to the group each week, and all patients referred for aged residential care have an IDT and are signed off by a geriatrician. Weekly IDT meetings take place in Greymouth (including Westland), Westport and Reefton.

**Workforce:** Work is underway to increase the WCDHB/CDHB geriatrician cover on the West Coast to 0.8 FTE (currently at 0.2 FTE). The position description for the Gerontology Nurse Practitioner has been finalised and recruitment will commence in Q3 2012/13. The CCCN manager role has been filled, and the new manager will commence in January 2013.

### *Section 3: Buller Integrated Health Centre Progress Q2 2012-13*

The Buller Integrated Health Centre workstream continues to implement a range of key tasks as part of the implementation plan. The links between the services are moving steadily towards closer communication and collaboration in patient care that will help reduce duplication. For example, the CNS Gerontology has established relationships with the medical centre, the inpatient unit, District Nursing, the Rural Nurse Specialists and the CNS Palliative/Oncology, as well as other clinicians across Buller Health.

**Relocation of after-hours clinic:** The after-hours weekend clinic was relocated to the outpatients department on 24 November 2012 to establish a single point of entry for Buller.

**Capital Process:** There has been a delay in the development of the new facility, but key tasks of the implementation plan that are focused on improving the service for the patient continue.

### *Section 4: Grey Integrated Health Service Progress Q2 2012-13*

**Seismic Issues:** During this quarter, urgent work has progressed to overcome seismic issues at the Grey Campus.

**Capital Investment Committee:** The Grey IFHS and Regional Hospital Business Case was presented to the Capital Investment Committee on the 18 October 2012. The CIC approved urgent capital to strengthen and refit buildings to support immediate service reconfiguration and relocation, as well as addressing the electrical systems upgrade.

**Mental Health:** A regular IDT forum has been established in each Greymouth general practice to enable GPs, practices nurses, PHO primary mental health staff and designated Community Mental Health nurses to provide shared care to mental health patients. Mental health clinics for long-term clients on clonazepine are now provided from general practice.

**DHB-owned general practice:** The West Coast DHB has appointed transitional managers to DHB-owned general practices across the West Coast. These roles are accountable for practice resourcing, financial performance improvement and general operations. They are continuing to work with practice staff to deliver the performance improvements identified in reviews undertaken earlier in the year. This practice management arrangement is transitional during the selection of a management service organisation to provide long-term practice management services.

**IT enabler:** Desktop videoconferencing units have been installed at High St Medical Centre and Greymouth Medical Centre to facilitate liaison between primary care and CCCN and palliative care support from CDHB. 'Text to remind' will be installed during Quarter 3 to enable practices to communicate with the enrolled population via text messaging. The rollout of Health Connect South allows all Greymouth general practices to view Grey and Christchurch Hospital discharge summaries, laboratory and radiology results for patients.

### *Section 5: Flexible Funding Pool*

Note: The Flexible Funding Pool funds are combined with other revenue to deliver a range of PHO programmes

**Profit & Loss – West Coast Primary Health Organisation**

**All Departments 1 October – 31 December 2012**

	<b>Clinical Services</b>	<b>Keeping People Healthy</b>	<b>Total</b>
<b>Income</b>			
Services to Increase Access (SIA) revenue	53,007		53,007
Care Plus (C+) revenue	164,195		164,195
Health Promotion revenue		139,538	139,538
Sundry Income	15,795	4,136	19,931
Transfer from reserves	18,887		18,887
<b>Total Income</b>	<b>251,884</b>	<b>143,674</b>	<b>395,558</b>
Less Cost of Services	131,195	29,822	161,017
Less Operating Expenses	120,689	113,851	234,540
<b>Total Expenses</b>	<b>251,884</b>	<b>143,674</b>	<b>395,558</b>
<b>Variance</b>	<b>-</b>	<b>-</b>	<b>-</b>

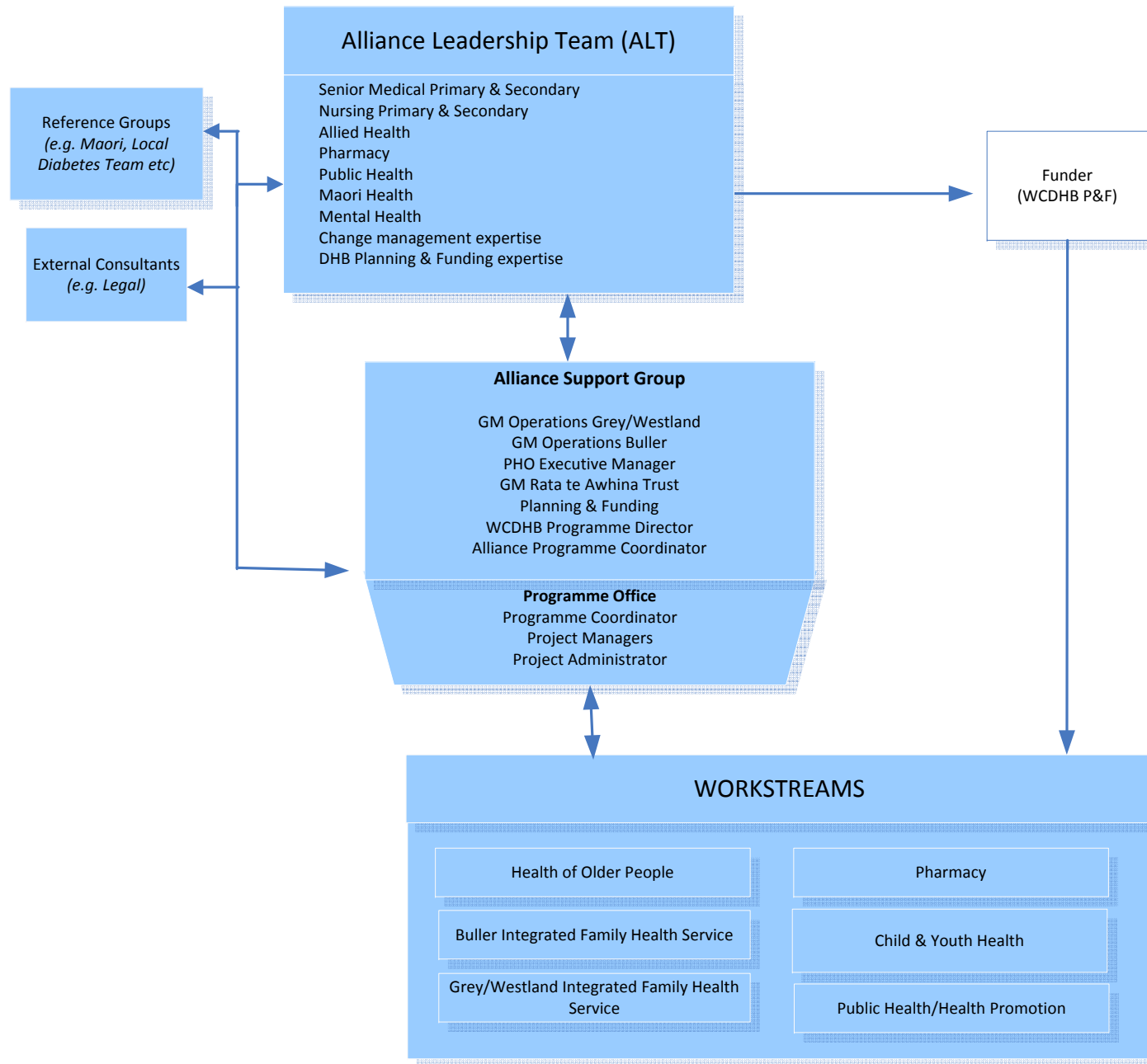
#### 4 **APPENDICES**

Appendix 1: ALT Report

Report approved for release by: Carolyn Gullery, General Manager – Planning & Funding

Report prepared by: Carol Atmore, Chief Medical Officer  
Stella Ward, ALT Chair  
Kim Sinclair-Morris, Planning & Funding  
Claire Robertson, Alliance Programme Office

# West Coast Alliance







**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Planning & Funding

**DATE:** 7 March 2013

Report Status – For: Decision ☐ Noting ☒ Information ☐

## 1. ORIGIN OF THE REPORT

The purpose of this report is to present the Committee with the West Coast DHB's progress against the national Health Targets for Quarter 2 (October – December 2012). The attached report (Appendix 1) provides a detailed account of the results and the work underway with regard to delivering each Health Target.

DHB performance against the Health Targets is published each quarter in newspapers and online on the Ministry and DHB websites. The published Quarter 2 Health Target league table is attached as Appendix 2.

## 2. RECOMMENDATION

That the Committee note the West Coast's performance against the Health Targets.

## 3. SUMMARY

In Quarter 2, the West Coast has:

- Achieved the *ED Health Target*, with 99.7% of people admitted or discharged within six hours.
- Achieved 103% of the year-to-date *Electives Health Target*, delivering 846 elective surgical discharges.
- Achieved the *Faster Cancer Treatment Health Target*, with 100% of patients ready for radiation therapy or chemotherapy beginning treatment within 4 weeks of their specialist assessment.
- Increased performance against the *Immunisation Health Target*, with 84% of all eight-month-olds fully immunised (the national target is 85%), and surpassed the target for Māori, achieving 100%.

Health Target performance has been weaker in the following areas:

- Performance against the *Hospitalised Smokers Health Target* slipped slightly to 89% of hospitalised smokers having received help and advice to quit. (The target is 95%) During the quarter, the ABC intervention has been disrupted as wards move to temporary locations while urgent earthquake strengthening is carried out. However, a broad range of activities are underway to lift performance the last few percentage points. In particular, the Smokefree Services Coordinator is working with Clinical Nurse Managers to review all 'missed' patients to pinpoint and address any gaps in ABC at ward/unit level.
- General practices' performance against the *Primary Care Smokers Health Target* continues to increase steadily, with 44% of smokers attending primary care receiving help and advice to quit. Data capture continues to be a key challenge towards achieving the 90% target, and new activities were implemented during the quarter that particularly focus on improving data capture and accuracy.



- There was a slight dip in progress against the *Heart Checks Health Target* from the previous quarter, from 60% to 58% of the eligible enrolled West Coast population having had a cardiovascular risk assessment in the last 5 years. This is because the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for re-screening. A range of activities are occurring to follow up these and other eligible patients and provide CVD risk assessments.

#### **4. APPENDICES**

Appendix 1: Health Target Report – Quarter 2

Appendix 2: Ministry Health Target League Table – Quarter 2

Report prepared by: Katia De Lu, Accountability Coordinator, Planning and Funding

Report approved for release by: Carolyn Gullery, General Manager, Planning & Funding

# National Health Targets

## Quarter 2 2012/13 Performance Summary

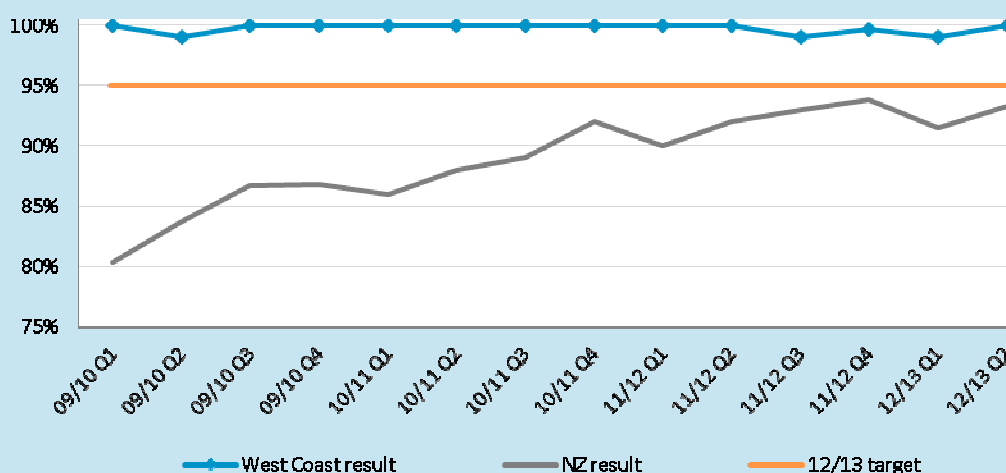
Target	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Target	Status	Pg
<b>Shorter Stays in ED:</b> Patients admitted, discharged or transferred from an ED within 6 hours	99.4%	99.6%	99.7%	99.7%	95%	✓	2
<b>Improved Access to Elective Surgery:</b> West Coast's volume of elective surgery	1,309	1,751	447 YTD	846 YTD	1,592	✓	2
<b>Shorter Waits for Cancer Treatment:</b> People needing cancer radiation therapy or chemotherapy having it within four weeks	<i>new</i>	<i>new</i>	100%	100%	100%	✓	3
<b>Increased Immunisation:</b> Eight-month-olds fully immunised	<i>new</i>	<i>new</i>	79%	84%	85%	✗	4
<b>Better Help for Smokers to Quit:</b> Hospitalised smokers receiving help and advice to quit	92%	90%	91%	89%	95%	✗	5
<b>Better Help for Smokers to Quit:</b> Smokers attending general practice receiving help and advice to quit	39%	39%	40%	44%	90%	✗	7
<b>More Heart and Diabetes Checks:</b> Eligible enrolled adult population having had a CV risk assessment in the last 5 years	55%	57%	60%	58%	75%	✗	9

## Shorter Stays in Emergency Departments

**Target:** 95% of patients are to be admitted, discharged or transferred from an ED within 6 hours



Figure 1: Percentage of patients who were admitted, discharged or transferred from ED within six hours



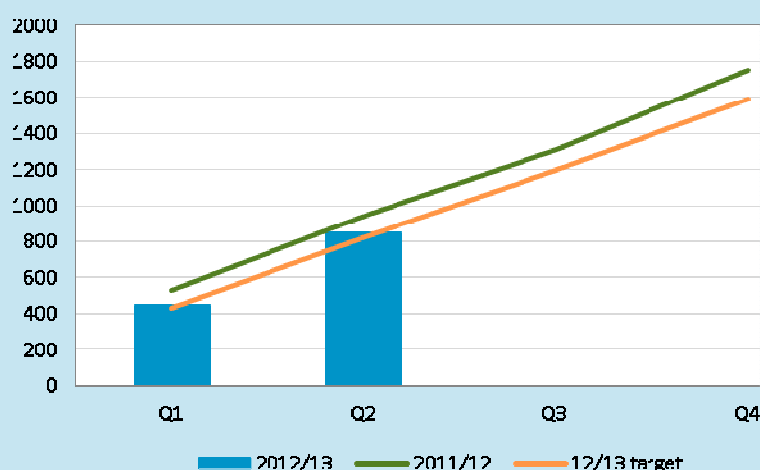
The West Coast continues to achieve impressive results against the ED Health Target, with **99.7%** of patient events admitted, discharged or transferred from ED within 6 hours.

## Improved Access to Elective Surgery

**Target:** West Coast's volume of elective surgery is to be 1,590 in 2012/13



Figure 2: Elective surgical discharges delivered by the West Coast DHB<sup>1</sup>



<sup>1</sup> Excludes cardiology and dental procedures. Progress is graphed cumulatively.

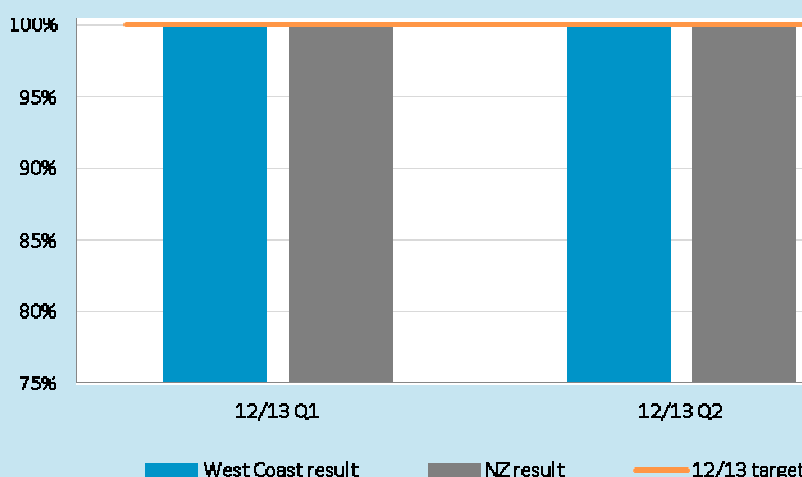
For the six months year-to-date December, **846** elective surgical discharges have been delivered, representing **103%** of our target delivery (23 discharges over target).

## Shorter Waits for Cancer Treatment

**Target:** 100% of people needing radiation or chemotherapy are to have it within four weeks



Figure 3: Percentage of West Coasters needing radiation or chemotherapy treatment who received it within four weeks<sup>2</sup>



In Quarter 2, **100%** of patients met the 4 week target for both radiation therapy and chemotherapy.

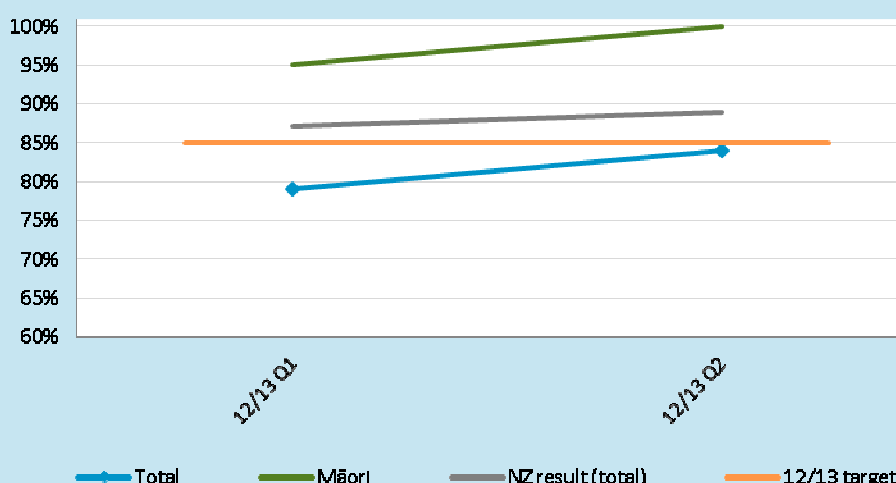
<sup>2</sup> The wait time is defined as the time between the first specialist assessment and the start of treatment. The measure does not include instances in which a patient chooses to wait for treatment or there are clinical reasons for delay. The measure reflects groups A, B and C. Group D patients have planned treatment (either as part of a trial or because of given protocols) and are therefore not included.

## Increased Immunisation

**Target:** 85% of eight-month-olds are to be fully immunised



Figure 4: Percentage of West Coast eight-month-olds who were fully immunised



Eight-month-old immunisation coverage is tracking well towards the target, with **84%** of all eight-month-olds fully immunised in Quarter 2 2012/13 – an increase of 5% from the previous quarter.

The coverage for Māori eight-month-olds was exceptional in Quarter 2, with all Māori eight-month-olds fully immunised – an increase of 5% from Quarter 1.

During Quarter 2, one child could not be located because there was no address. If this child had been located and immunised, the West Coast would have reached the national target of 85%. The issue of not having an address for a child will be raised with maternity services as a reminder to ensure that all newborn details are recorded.

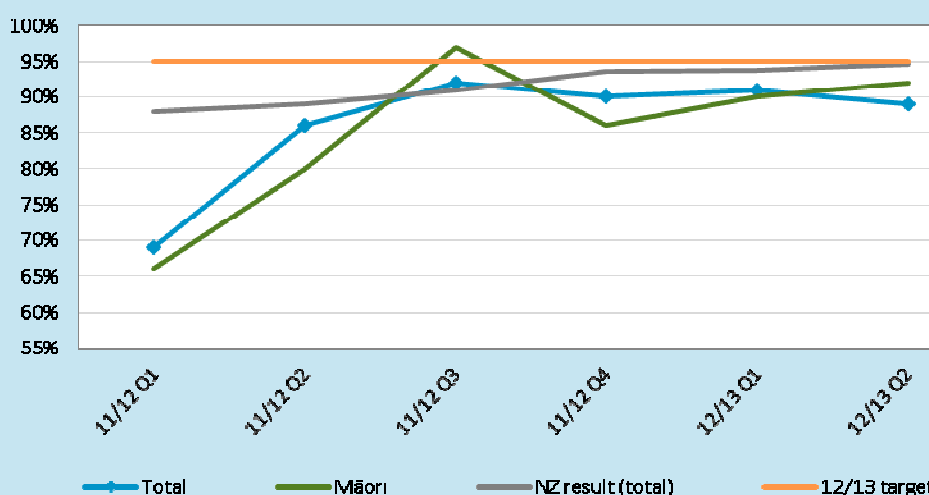
With the support of the PHO and practices, the National Immunisation Register (NIR) Administrator is working closely with a key person in every practice to identify children who have not been enrolled with a practice, and to notify the practices to follow up on children who are due or overdue for an immunisation and ensure timely referral to Outreach Immunisation Services when required. All practices will now be using a suggested process timeline for their guidance to ensure timely immunisation for children by eight months of age.

## Better Help for Smokers to Quit: Hospital

**Target:** 95% of hospitalised smokers are to receive help and advice to quit



Figure 5: Percentage of smokers in West Coast DHB hospitals who were offered advice and help to quit smoking



During Quarter 2, West Coast DHB staff provided **89%** of hospitalised smokers with smoking cessation advice and support. While it is disappointing to have fallen 2% in the overall result compared to last quarter, it is positive to see an increase in the result for Māori to 92%.

During the last quarter, Grey Base Hospital has been in a state of upheaval, with the movement of wards into temporary locations while urgent earthquake strengthening is carried out. We cannot quantify the exact impact this has had on the result; however, the ABC intervention has had to compete with these disruptions. It is in these situations that we know a straightforward and consistent data capturing process, such as our 'Pink Sticker' system, is particularly important.

Smokefree staff and the DHB as a whole continue to work towards achieving the Health Target of 95%.

### DATA CAPTURE

Feedback regarding the 'Pink Sticker' system to capture ABC is that it is a simple and straightforward process. Regular communication with clinical coders enables discussion of any issues regarding the capture of ABC data and identification of any areas/wards of concern that may need addressing by the Smokefree staff.

There is an issue around multiple admissions for one hospital event. MoH coding guidelines stipulate that when patients are transferred between major service groups (e.g. internal transfer from surgical ward to rehab ward), these count as separate 'admissions' and therefore require separate ABC interventions. Staff are struggling to understand the necessity for ABC to be repeated in these cases – particularly as we use a high-visibility sticker to record the ABC in the patient notes, making it clear that an ABC has already been completed in the previous ward. Other DHBs are also experiencing this issue, and we are working with the Ministry to identify solutions. As part of this work, we will conduct a retrospective audit to identify the numbers of 'missed' ABCs through internal transfers over the last quarter and the impact of this identified barrier for staff. In the meantime, the Smokefree Services Coordinator has reminded senior nurses of the requirement and offered to explain it to staff in key areas (e.g. surgical and recovery wards).

## CLINICAL LEADERSHIP

Engagement, role modelling and support from our Clinical Nurse Managers are critical to target achievement. A meeting was held with senior management in mid-October following September's poor result. Following on from this, the Smokefree Services Coordinator spoke at a Senior Nurses' meeting and has been working with Clinical Nurse Managers (CNMs) to support them to provide leadership to their staff around the target.

This includes working with coders to pick up files where ABC has not been delivered to a patient who smokes and providing this information back to the CNMs. This work began in December and will continue over the coming quarter. The Smokefree Services Coordinator will work with the CNMs to identify patterns (e.g. a particular staff member or shift) in order to pinpoint gaps in the ABC at ward/unit level and address these issues to improve the next month's results. This will be helpful in reaching the 95% target, as due to the relatively small numbers involved (fewer than 100 smokers discharged per month), a single 'missed' ABC contributes to more than 1% off the target.

## TRAINING, RESOURCES AND PROMOTION

Quarter 2 has seen work with hospital senior management to improve the uptake of the Smokefree mandatory training. Although feedback from staff is that the ABC process is simple and straightforward, the training gives the important background of why this is a Health Target and the role both the individual and the organisation can play in significantly improving the health of the West Coast community through ABC. A number of staff experience a significant delay between commencing clinical duties and attending Smokefree training, so an ABC handout is currently being developed for distribution at the staff Orientation.

Promotion continues through internal monthly reports circulated DHB-wide, posters in all areas and regular communication with clinical Smokefree champions about support, training opportunities and updates.

In Quarter 3, a success story of the ABC intervention will be included in the DHB newsletter to keep up visibility of the intervention and provide positive feedback to staff. Regular reminders will be circulated via the DHB intranet and newsletters of cessation support available for our staff interested in quitting, which in turn may make them more comfortable in having the conversation with their patients.

Just as important will be having the Smokefree Services Coordinator visible on the wards and ward handovers so that staff can ask questions about the intervention/having the conversation, particularly for new staff.

A get-together for the ward champions in February will provide an opportunity to discuss as a group how they feel the ABC intervention is working in their area, as well as to thank them for the important role they play.

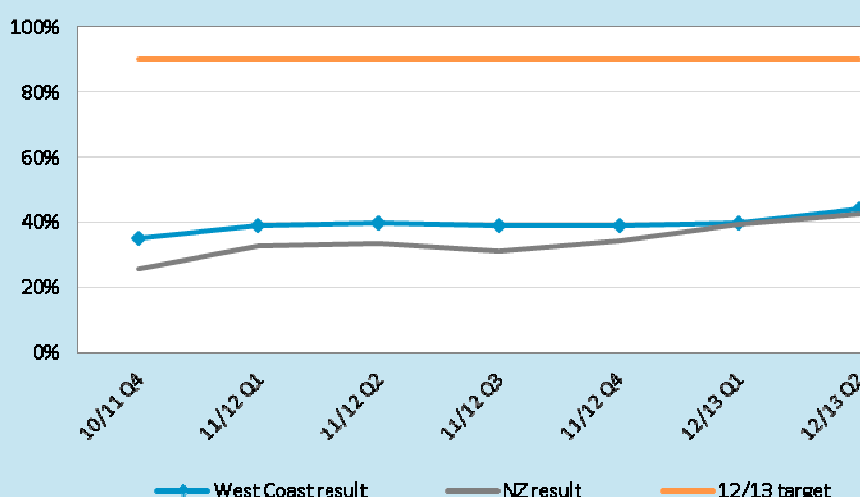
It should be noted that most clinical areas in the DHB achieve 100% coverage, with only three wards prone to 'missing' more than one patient per month. One of these is the Critical Care Unit (CCU), whose patients can be transferred acutely to Canterbury for intensive treatment, sometimes in circumstances that do not allow for the ABC intervention to be carried out. The Smokefree Services Coordinator is working with CCU to ensure the right support is in place to carry out and code ABC in every possible case, and to collect data for transfers of unconscious/acutely ill patients to quantify the impact of such cases on the target.

## Better Help for Smokers to Quit: Primary Care

**Target:** 90% of smokers attending primary care are to receive help and advice to quit



Figure 6: Percentage of smokers expected to attend primary care who were offered advice and help to quit smoking<sup>3</sup>



West Coast general practices have reported giving 1,876 smokers brief advice and help to quit in the year to 31 December 2012. This figure is an increase of 223 patients compared to the last quarter. The quit activity during this quarter represents **44%** of current smokers expected to be seen in general practice during this period receiving advice and help to quit – an increase of 4% from the previous quarter.

During this quarter, all West Coast practices have continued to improve their 'smoking status recorded.' Only two practices did not increase their 'brief advice' result; however, these two practices did make the largest increases in 'smoking status recorded.' This individual feedback has been flagged to the practices.

The PHO Clinical Manager continues to champion the ABC initiative in primary care through work with the Smokefree Services Coordinator and Smokefree Manager, regular promotion of ABC coding to clinicians and the provision of practice-specific results to Quality Improvement (QI) teams.

### DATA CAPTURE

Data capture continues to be a key challenge towards achieving the 90% target. During Quarter 2, new activities were implemented that particularly focus on improving data capture and accuracy:

- HealthStat is now installed and operating in all the practices, and has created new opportunities for more frequent and practice-specific feedback about the ABC target. Continued support will be provided to practices around the use of the HealthStat tool, and it is hoped that the Clinical Audit tool will also be introduced during the next quarter, which will enable clinicians to identify more easily patients with no smoking status coded and to plan for this data capture as part of their QI process.
- The PHO has employed two suitably trained people to support practice teams to improve the Brief Advice coding and to link patients to cessation via their own practice's Coast Quit provider (or other available cessation service). It is hoped that this will close the gap between A's and B's while other activities take

<sup>3</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).



time to implement. Work commenced with two practices this quarter, resulting in a boost in ABC coding, and will continue to roll out in Quarter 3. A third practice has commenced a 'pink sticker' documentation process for ABC and reports that this seems to be working well.

Other means of supporting data capture and accuracy include:

- 'Smoking assessment' advanced forms in MedTech, which support and remind staff to capture the correct data and prompt 'brief advice' if required.
- Ongoing practice support for MedTech READ and ZCPI coding in relation to PPP smoking indicators (including 1:1 support to clinicians);
- Automatic READ coding attached to the "Smoking Cessation" enrolment form in Medtech;
- Standardised READ coding processes for smoking across all practice teams;
- Use of Karo data management system to monitor incorrect READ coding; and
- Practice Karo reports that identify the individual high-needs patient who have no coding for smoking status. Practices have added 'alerts' to these patients.

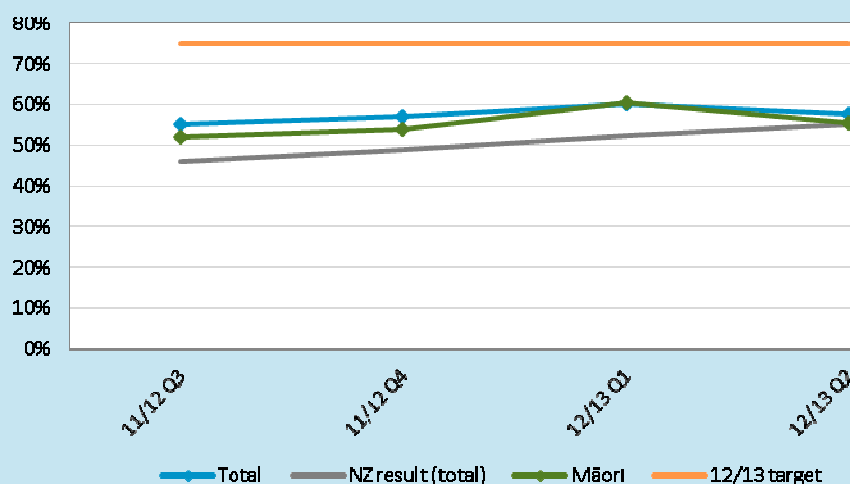
The PHO will also be commencing coding and data entry training as part of orientation for all new practice staff and updates for identified current staff.

## More Heart and Diabetes Checks

**Target:** 75% of the eligible enrolled population are to have had a CV risk assessment in the last 5 years

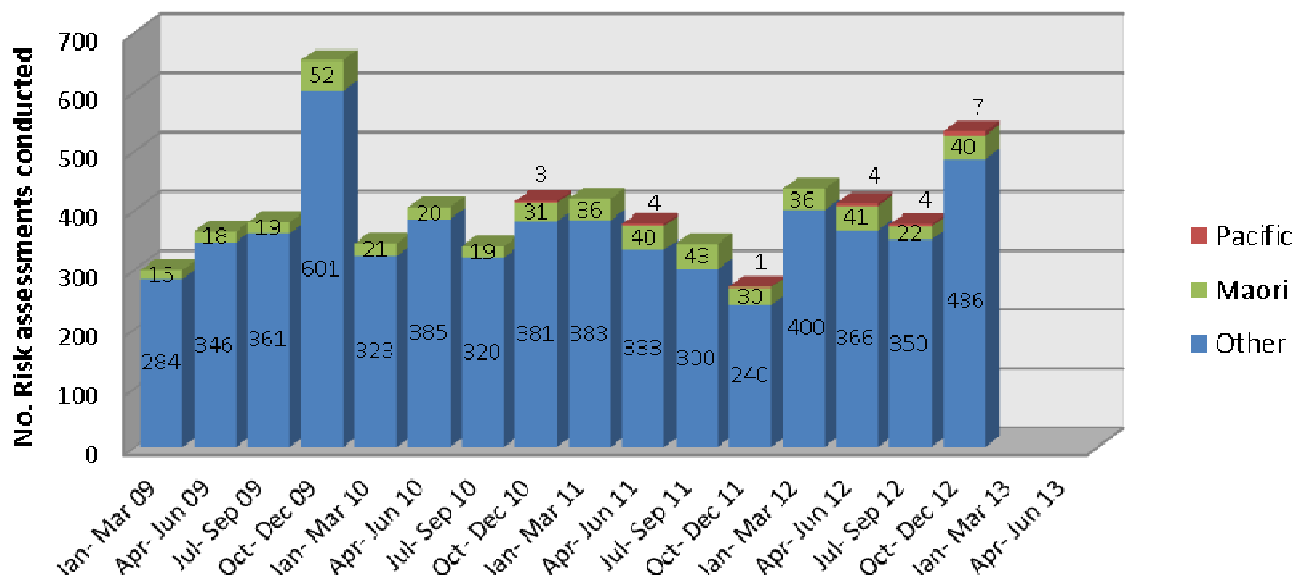


Figure 7: Percentage of the eligible enrolled West Coast population having had a CVD risk assessment in the last 5 years<sup>4</sup>



Data for the period to 31 December 2012 has shown a slight dip in progress from the previous quarter (from 60% to **58%**). However, as Figure 8 shows, the actual number of cardiovascular risk assessments delivered during the quarter is greater than the previous quarter.

Figure 8: Number of cardiovascular risk assessments conducted each quarter



The reason for the dip in the percentage coverage is that the PHO has now reached the point where screening has been occurring for 5 years, and there is a group of patients who are now due for screening once again.

<sup>4</sup> Data for this measure is supplied by the Ministry on a quarterly basis from the PHO Performance Programme (PPP).

Activities to follow up these and other eligible patients for cardiovascular risk assessment (CVRA) include:

- Ongoing support from clinical manager to practice nurses/teams to identify eligible patients for screening;
- Practice teams actively inviting people to nurse-led clinics to have their CVRA;
- Collaborative planning in preparation for February 2013 Heart Month, which will concentrate on encouraging West Coasters to get their CVRA;
- Installation of Healthstat: a Quality Improvement (QI) tool that enables monitoring of practice performance for cardiovascular indicators in relation to the PPP for practice QI teams;
- The DHB Cardiac Nurse Specialist completing CVRAs for DHB staff who haven't had reviews;
- Concentration on the high-need population who haven't been screened (practices receive quarterly reports on high-need patients who aren't screened); and
- Planning to occur with Rata Te Awhina nurse around processes and support for practice teams for Māori who are not engaging with invites for screening.

Patient focus remains paramount; in endeavouring to meet the target, we must also ensure quality care, follow-up and active support for patients in the various tiers of the long-term conditions management programme in line with best practice to ensure the best outcomes for our patients.

# How is My DHB performing?



2012/13 QUARTER TWO (OCTOBER–DECEMBER) RESULTS

[www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)

Shorter stays in

Emergency Departments

	Quarter two performance (%)	95%	Change from previous quarter
1 West Coast	100		–
2 Waitemata	97		–
3 Whanganui	97		▲
4 Nelson Marlborough	97		–
5 South Canterbury	96		–
6 Counties Manukau	96		–
7 Tairāwhiti	96		–
8 Wairarapa	96		▼
9 Auckland	95		▲
10 Canterbury	94		–
11 Hawke's Bay	94		–
12 Northland	94		▲
13 Taranaki	93		▲
14 Hutt Valley	92		▲
15 Lakes	92		▲
16 Bay of Plenty	92		▲
17 MidCentral	91		▲
18 Southern	90		▲
19 Capital & Coast	88		▲
20 Waikato	88		▲
All DHBs	93		▲

## Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

Improved access to

Elective Surgery

	Quarter two performance (%)	100%	Progress against plan (discharges)
1 Northland	116		▲
2 Lakes	115		▲
3 Taranaki	114		▲
4 Waikato	111		▲
5 Bay of Plenty	111		▲
6 Hawke's Bay	110		▲
7 Counties Manukau	108		▲
8 Canterbury	108		▲
9 MidCentral	105		▲
10 Waitemata	105		▲
11 Whanganui	104		▲
12 Wairarapa	104		▲
13 West Coast	103		▲
14 South Canterbury	103		▲
15 Nelson Marlborough	101		▲
16 Auckland	100		▼
17 Hutt Valley	98		▼
18 Southern	97		▼
19 Capital & Coast	94		▼
20 Tairāwhiti	93		▼
All DHBs	105		▲

## Improved access to elective surgery

The target is an increase in the volume of elective surgery by at least 4000 discharges per year. DHBs planned to deliver 74,799 discharges for the year to date, and have delivered 3932 more.

Shorter waits for

Cancer Treatment

	Quarter two performance (%)	100%	Change from previous quarter
1 Northland	100		–
1 Waitemata	100		–
1 Auckland	100		–
1 Counties Manukau	100		–
1 Waikato	100		–
1 Lakes	100		–
1 Bay of Plenty	100		–
1 Tairāwhiti	100		–
1 Hawke's Bay	100		–
1 Taranaki	100		–
1 MidCentral	100		–
1 Whanganui	100		–
1 Capital & Coast	100		–
1 Hutt Valley	100		–
1 Wairarapa	100		–
1 Nelson Marlborough	100		–
1 West Coast	100		–
1 Canterbury	100		–
1 South Canterbury	100		–
1 Southern	100		–
All DHBs	100		–

## Shorter waits for cancer treatment

The target is all patients, ready-for-treatment, wait less than four weeks for radiotherapy or chemotherapy. Six regional cancer centre DHBs provide radiation oncology services. These centres are in Auckland, Hamilton, Palmerston North, Wellington, Christchurch and Dunedin. Medical oncology services are provided by the majority of DHBs.

Increased

Immunisation

	Quarter two performance (%)	85%	Change from previous quarter
1 MidCentral	96		▲
2 South Canterbury	95		▲
3 Hutt Valley	93		▲
4 Capital & Coast	93		–
5 Southern	93		–
6 Waitemata	92		–
7 Hawke's Bay	92		▲
8 Canterbury	91		–
9 Wairarapa	91		▲
10 Auckland	91		▲
11 Nelson Marlborough	90		▲
12 Whanganui	90		–
13 Lakes	88		▲
14 Taranaki	87		–
15 Counties Manukau	85		▲
16 West Coast	84		▲
17 Bay of Plenty	84		▲
18 Northland	83		▲
19 Waikato	82		▲
20 Tairāwhiti	81		▼
All DHBs	89		▲

## Increased immunisation

The national immunisation target is 85 percent of eight-month olds have their primary course of immunisation at six weeks, three months and five months on time by July 2013, 90 percent by July 2014 and 95 percent by December 2014. This quarterly progress result includes children who turned eight-months between October and December 2012 and who were fully immunised at that stage.

Better help for

Smokers to Quit

Change from previous quarter	90%	Primary care	Quarter two performance (%)	Hospitals	95%	Change from previous quarter
▲		63	1 Lakes	100		–
▲		56	2 Hawke's Bay	100		▲
▲		52	3 Northland	98		▲
–		60	4 Wairarapa	98		▼
▲		53	5 South Canterbury	97		–
▲		38	6 Hutt Valley	96		▼
▲		30	7 Waitemata	96		▼
–		44	8 Bay of Plenty	96		▲
▲		40	9 Nelson Marlborough	96		–
▼		57	10 Capital & Coast	96		▼
▲		43	11 Counties Manukau	95		–
▲		37	12 Auckland	95		▲
▲		46	13 Waikato	94		▲
▲		42	14 Tairāwhiti	93		▼
–		35	15 Whanganui	93		–
▲		58	16 Taranaki	93		▲
–		32	17 Southern	92		▲
–		26	18 Canterbury	90		▲
–		47	19 MidCentral	89		▼
▲		44	20 West Coast	89		▼
▲		43	All DHBs	95		–

## Better help for smokers to quit

The target is 95 percent of patients who smoke and are seen by a health practitioner in public hospitals, and 90 percent of patients who smoke and are seen by a health practitioner in primary care, are offered brief advice and support to quit smoking.

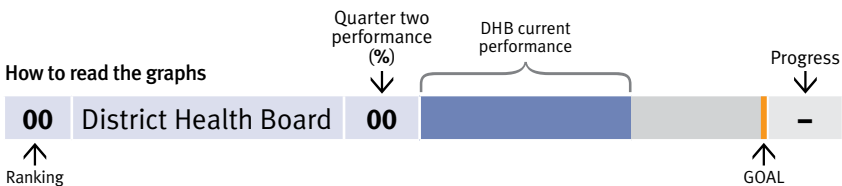
More

Heart and Diabetes Checks

	Quarter two performance (%)	75%	Change from previous quarter
1 Wairarapa	67		▲
2 Taranaki	67		▲
3 Bay of Plenty	67		▲
4 Waitemata	66		▲
5 Hawke's Bay	65		▲
6 Northland	64		▲
7 Waikato	63		▲
8 Whanganui	61		▲
9 Lakes	61		▲
10 Tairāwhiti	59		▲
11 West Coast	58		▼
12 Capital & Coast	57		▲
13 Counties Manukau	55		▲
14 Southern	55		▲
15 Nelson Marlborough	54		▲
16 South Canterbury	54		▲
17 Auckland	54		–
18 MidCentral	51		▲
19 Hutt Valley	40		▲
20 Canterbury	28		▲
All DHBs	55		▲

## More heart and diabetes checks

This target is 90 percent of the eligible population will have had their cardiovascular risk assessed in the last five years to be achieved in stages by July 2014. The current stage is to achieve 75 percent by July 2013.



This information should be read in conjunction with the details on the website [www.health.govt.nz/healthtargets](http://www.health.govt.nz/healthtargets)

## COMMUNITY AND PUBLIC HEALTH AND DISABILITY SUPPORT ADVISORY COMMITTEE MEETING

To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth  
Thursday 7 March 2013 commencing at 9.00am

### ADMINISTRATION 9.00am

Karakia

Apologies

#### 1. Interest Register

Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.

#### 2. Confirmation of the Minutes of the Previous Meeting & Matters Arising

24 January 2013

#### 3. Carried Forward/ Action Items

### REPORTS/PRESENTATIONS 9.10am

4.	Maori Health Activity Report	Gary Coghlan General Manager, Maori Health	9.10am - 9.30am
5.	Planning & Funding Update	Carolyn Gullery General Manager, Planning & Funding	9.30am - 9.50am
6.	Community and Public Health Update	Jem Pupich Team Leader, Community and Public Health	9.50am - 10.10am
7.	Better Sooner More Convenient (BSMC) and ALT Report	Carolyn Gullery General Manager, Planning & Funding	10.10am - 10.30am
8.	Health Targets	Carolyn Gullery General Manager, Planning & Funding	10.30am - 10.45am
9.	General Business	Elinor Stratford Chair	10.45am - 10.50am

### ESTIMATED FINISH TIME 10.50am

### INFORMATION ITEMS

- Board Agenda – 8 February 2013
- Chair's Report to last Board meeting
- West Coast CPHAC/DSAC Workplan 2013
- West Coast DHB 2013 Meeting Schedule
- Community & Public Health 6 Monthly Report to Ministry of Health

### NEXT MEETING

Date of Next Meeting: 2 May 2013

Corporate Office, Board Room at Grey Base Hospital.

The functions of CPHAC & DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000 are:

“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:

- the health needs of the resident population of the West Coast District Health Board; and
- any factors that the Committee believes may adversely affect the health status of the resident population; and
- the priorities for the use of the health funding available.

With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:

- the disability support needs of the resident population of the West Coast District Health Board; and
- the priorities for the use of the disability support funding provided.”

The aim of the Committee's advice must be:

- to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximize the overall health gain for the resident population of the West Coast District Health Board; and
- to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”

The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”

**WEST COAST DISTRICT HEALTH BOARD MEETING**  
**To be held in the Board Room, Corporate Office, Greymouth Hospital**  
**Friday 8 February 2013 commencing at 10.00am**

<b>KARAKIA</b>	<b>10.00am</b>
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<b>ADMINISTRATION</b>	<b>10.05am</b>
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**Apologies**

**1. Interest Register**

*Update Board Interest Register and Declaration of Interest on items to be covered during the meeting.*

**2. Confirmation of the Minutes of the Previous Meeting**

- 7 December 2012

**3. Carried Forward/Action List Items**

*There are no carried forward/ action items*

<b>REPORTS</b>	<b>10.15am</b>
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<b>4. Chair's Update – Oral Report</b>	Dr Paul McCormack <i>Chairman</i>	<i>10.15am – 10.30am</i>
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<b>5. Chief Executive's Update</b>	David Meates <i>Chief Executive</i>	<i>10.30am – 10.45am</i>
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<b>6. Clinical Leader's Update</b>	Dr Carol Atmore <i>Chief Medical Advisor</i> Karyn Kelly <i>Director of Nursing and Midwifery</i> Stella Ward <i>Executive Director of Allied Health</i>	<i>10.45am – 11.00am</i>
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<b>7. Finance Report</b>	Justine White <i>General Manager, Finance</i>	<i>11.00am – 11.15am</i>
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<b>8. Working Within an Alliance Framework - Presentation</b>	Carolyn Gullery <i>General Manager, Planning &amp; Funding</i>	<i>11.15am – 11.45am</i>
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<b>9. Smoke Free Position Statement</b>	Dr Cheryl Brunton <i>Community &amp; Public Health</i>	<i>11.45am – 12noon</i>
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<b>10. Report from Committee Meetings</b>		
- CPH&DSAC <i>24 January 2013</i>	Elinor Stratford <i>Chairperson, CPH&amp;DSAC Committee</i>	<i>12noon – 12.10pm</i>
- Hospital Advisory Committee <i>24 January 2013</i>	Warren Gilbertson <i>Chairperson, Hospital Advisory Committee</i>	<i>12.10pm – 12.20pm</i>
- Tatau Pomanau <i>24 January 2013</i>	Elinor Stratford <i>Board Delegate to Tatau Pounamu</i>	<i>12.20pm – 12.30pm</i>

**INFORMATION ITEMS**

- Confirmed Minutes
  - CPH&DSAC Meeting – 22 November 2012
  - HAC Meeting – 22 November 2012
  - Tatau Pounamu Meeting – 22 November 2012
- Schedule of Correspondence
- 2013 Meeting Schedule

**ESTIMATED FINISH TIME**

**12.30pm**

**NEXT MEETING**

*Friday 22 March 2013 commencing at 10.00am*



# COMMUNITY & PUBLIC HEALTH & DISABILITY SUPPORT ADVISORY COMMITTEE MEETING UPDATE – 24 JANUARY 2013



**TO:** Chair and Members  
West Coast District Health Board

**SOURCE:** Chair, Community & Public Health & Disability Support Advisory Committee

**DATE:** 8 February 2013

Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is provided to the West Coast DHB Board as an interim update on the Community & Public Health & Disability Support Advisory Committee (CPH&DSAC) meeting of 24 January 2013. Following confirmation of the minutes of that meeting at the 7 March 2013 meeting, full minutes of the 24 January 2013 meeting will be provided to the Board at its 22 March 2013 meeting.

For the Board's information the functions of CPH&DSAC, in accordance with their Terms of Reference and the New Zealand Public Health and Disability Act 2000:

*“With respect to Community and Public Health, is to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the health needs of the resident population of the West Coast District Health Board; and*
- *any factors that the Committee believes may adversely affect the health status of the resident population, and*
- *the priorities for the use of the health funding available*

*With respect to Disability Support, are to provide advice and recommendations to the Board of the West Coast District Health Board on:*

- *the disability support needs of the resident population of the West Coast District Health Board, and*
- *the priorities for the use of the disability support funding provided.”*

*The aim of the Committee's advice must be:*

- *to ensure that the services that the West Coast District Health Board provides or funds, along with the policies it adopts, will maximise the overall health gain for the resident population of the West Coast District Health Board, and*
- *to ensure that the kind of disability support services that the West Coast District Health Board provides or funds, along with the policies it adopts, will promote the inclusion and participation in society, and maximise the independence, of people with disabilities within the resident population of the West Coast District Health Board.”*

*The Committee's advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy, the New Zealand Disability Strategy and with the Strategic Plan and the Disability Support Action Plan of the West Coast District Health Board.”*

## 2. RECOMMENDATION

That the Board:

- i. notes the Community & Public Health & Disability Support Advisory Committee Meeting Update – 24 January 2013.



### 3. **SUMMARY**

#### **ITEMS OF INTEREST FOR THE BOARD**

- The Committee noted from the Q1 Health Target Report that the pattern on the West Coast is relatively consistent and that good progress is being made on immunisations. It was also noted that in regard to Heart and Diabetes Checks, whilst the target has not yet been reached the West Coast is one of the best performers in this area. Discussion took place regarding advice to smokers attending general practice and the Committee noted that there is work taking place nationally to improve the recording in this area.
- Carolyn Gullery, General Manager, Planning & Funding presented the Planning & Funding Update which highlighted the key achievements and issues facing the DHB. The Committee noted the following points from the report:
  - The West Coast continues to achieve the Cancer Treatment Health Target, with 100% of people ready for radiotherapy or chemotherapy beginning treatment within four weeks;
  - The latest available finalised data for the period to October 2012 shows delivery against the Electives Health Target is ahead of target by 9 cases;
  - The ED Health Target continues to be met, with 99.6% of people admitted or discharged within 6 hours in the financial year-to-date 31 December 2012. The longer-term aim for this measure is also being met, with 96% of people admitted or discharged within 4 hours.
  - The new Gateway Assessment Service, linking the West Coast DHB, Child Youth and Family (CYFS), and Ministry of Education for the provision of care to vulnerable children and young people, has now commenced.
  - The B4 School Checks result is lower than we would like and there are plans in place to improve this.
  - The WCDHB has received notice that the Warm Up West Coast programme has had to discontinue due to increasing financial constraints on the project partners. Arrangements have been made, through Healthy West Coast, for the final homes that have applied to the programme and met eligibility requirements, to be insulated in the New Year. 300 homes will be insulated under the project of the planned 500. Discussions regarding alternative options for a continued home insulation project on the West Coast are underway.
  - InterRAI training for West Coast ARC providers will commence in the week of 4 March 2013.
  - West Coast DHB is actively promoting the uptake and use of the volunteer Red Cross transportation option for Buller patients, and the 3-month trial period for the service has been extended into February 2013 to give the pilot every possible opportunity to become established and self-sustaining if demand proves its need.

Carolyn Gullery advised the Committee that the DHB is working hard in the home care area to address the challenge of more appropriate funding which would also address better training and continued upskilling of the workforce. Discussion took place regarding the roll out of this into Rural areas.

The committee noted that there is work taking place at how St John are funded and this will take into account the Transalpine model of care. The time frame for this is April at this stage.

- Carolyn Gullery provided the meeting with a presentation “Working Within an Alliance Framework”. This presentation will also be provided to the Board at their 8 February meeting.

- The Committee endorsed the draft 2013 Work Plan and noted that this is a working document which will continue to be updated.
- Community & Public Health presented a Smokefree Position Statement developed collaboratively by the South Island Public Health Units which represents the South Island DHBs working together to support the South Island to be a place where Smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised. The Committee have made a recommendation to the Board regarding this paper.
- Discussion took place regarding the suggestion from Committee member John Ayling that the Committee look at the implications of the 'Expert Advisory Group on Solutions to Child Poverty' which reported late last year. The Committee noted that the Canterbury DHB had provided a submission on this report at the time and it was agreed that this report would be circulated to members together with the link for the full report. The full report can be found at [http://www.occ.org.nz/publications/child\\_poverty](http://www.occ.org.nz/publications/child_poverty). The Committee noted that a number of the recommendations in the report are already being implemented and as part of the Annual Planning process a number of others will be picked up.

#### 4. **APPENDICES**

Appendix 1:                      Agenda – Community & Public Health & Disability Support Advisory Committee – 24 January 2013.

Report prepared by:        Elinor Stratford,  
Chair  
Community & Public Health & Disability Support Advisory Committee



To be held in the Board Room at Corporate Office, Grey Base Hospital, High Street, Greymouth  
Thursday 24 January 2013 commencing at 9.00am

## ADMINISTRATION

9.00am

Apologies

### 1. Interest Register

*Update Committee Interest Register and Declaration of Interest on items to be covered during the meeting.*

### 2. Confirmation of the Minutes of the Previous Meeting & Matters Arising

*22 November 2012*

### 3. Carried Forward/ Action Items

## REPORTS/PRESENTATIONS

9.10am

### 4. Heath Target Q1 Report

Carolyn Gullery

9.10am - 9.20am

*General Manager, Planning & Funding*

### 5. Planning & Funding Update

Carolyn Gullery

9.20am - 9.40am

*General Manager, Planning & Funding*

### 6. Working Within an Alliance Framework – Presentation

Carolyn Gullery

9.40am - 10.05am

*General Manager, Planning & Funding*

### 7. 2013 Draft Work Plan

Michael Frampton

10.05am - 10.30am

*Programme Manager*

Carolyn Gullery

*General Manager, Planning & Funding*

### 8. Smoke Free Position Statement

Jem Pupich

10.30am - 10.45am

*Team Leader, West Coast Office*

*Community and Public Health*

### 9. General Business

Elinor Stratford

10.45am - 10.55am

*Chair*

## ESTIMATED FINISH TIME

10.55am

## INFORMATION ITEMS

- Chair's Report to last Board meeting
- Board Agenda – 7 December 2012
- West Coast DHB 2013 Meeting Schedule

## NEXT MEETING

Date of Next Meeting: 7 March 2013

Corporate Office, Board Room at Grey Base Hospital.

## WORKPLAN FOR CPH&DSAC 2013 – BASED ON WEST COAST DHB PRIORITY PLAN

	24 January	7 March	2 May	6 June	11 July	22 August	10 October	28 November	2014
<b>STANDING ITEMS</b>	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	Karakia Interests Register Confirmation of Minutes Carried Forward Items	
<b>STANDARD REPORTS</b>	Health Target Q1 report  Planning & Funding Update  Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update Alliance Update BSMC Q2	Health Target Q2 report  Planning & Funding Update  Community & Public Health Update Alliance Update	Maori Health Activity Report  Planning & Funding Update  Community & Public Health Update Alliance Update BSMC Q3	Health Target Q3 report  Planning & Funding Update  Community & Public Health Update Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update Alliance Update BSMC Q4	Health Target Q4 report  Planning & Funding Update  Community & Public Health Update Alliance Update	Māori Health Activity Report  Planning & Funding Update  Community & Public Health Update Alliance Update BSMC Q1	
<b>PRESENTATIONS</b>	As required	As required	Allied Health	As required	As required	As required	As required	As required	
<b>PLANNED ITEMS</b>	Smoke Free Position Statement		2012/13 Draft Annual Plan						
<b>GOVERNANCE AND SECRETARIAT</b>	2013 Work Plan							2014 Meeting Dates	
<b>DSAC Reporting</b>	As available	As available	As available	As available	As available	As available	As available	As available	
<b>INFORMATION ITEMS</b>	Latest Board Agenda Chair's Report to Board from last meeting  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan C&PH 6 Monthly report to MoH  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan 2012/13 Final Annual Plan  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan C&PH 6 Monthly report to MoH  2013 Schedule of Meetings	Latest Board Agenda Chair's Report to Board from last meeting  Committee Work Plan  2014 Schedule of Meetings	

## WEST COAST DHB –MEETING SCHEDULE FOR 2013

DATE	MEETING	TIME	VENUE
Thursday 24 January 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 24 January 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 24 January 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 24 January 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 8 February 2013	BOARD	10.00am	Board Room, Corporate Office
Thursday 7 March 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 7 March 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 7 March 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 7 March 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 22 March 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 2 May 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 2 May 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 2 May 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 2 May 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 10 May 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 6 June 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 6 June 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 6 June 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 6 June 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 28 June 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 11 July 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 11 July 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 11 July 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 11 July 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 2 August 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 22 August 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 22 August 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 22 August 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 22 August 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 September 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 10 October 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 10 October 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 10 October 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 10 October 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 25 October 2013	BOARD	10.00am	St Johns, Waterwalk Rd, Greymouth
Thursday 28 November 2013	CPHAC & DSAC	9.00am	Board Room, Corporate Office
Thursday 28 November 2013	HAC	11.00am	Board Room, Corporate Office
Thursday 28 November 2013	QFARC	1.30pm	Board Room, Corporate Office
Thursday 28 November 2013	TATAU POUNAMU	3.30pm	Board Room, Corporate Office
Friday 13 December 2013	BOARD	10.00am	Board Room, Corporate Office

**The above dates and venues are subject to change. Any changes will be publicly notified.**

# COMMUNITY AND PUBLIC HEALTH 6 MONTHLY REPORT TO MINISTRY OF HEALTH



**TO:** Chair and Members  
Community and Public Health & Disability Support Advisory Committee

**SOURCE:** Community and Public Health

**DATE:** 7 March 2013

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Report Status – For:	Decision	<input type="checkbox"/>	Noting	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
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## 1. ORIGIN OF THE REPORT

This report is the six monthly report that Community and Public Health (West Coast) sends to the Ministry of Health about their work.

## 2. RECOMMENDATION

That the Committee;

- i. Notes the Community & Public Health Six monthly report to the Ministry of Health.

## 3. SUMMARY

The purpose of this report is to provide the Committee with information and highlights of Community and Public Health's work over the period July 2012 to December 2012.

## 4. APPENDICES

Appendix 1: Community & Public Health Six monthly report to the Ministry  
of Health

Report prepared by: Jem Pupich, West Coast Team Leader, Community and Public  
Health

Report approved for release by: Dr Cheryl Brunton (Public Health Specialist) and Derek  
Benfield (Regional Manager, CPH West Coast)

## Community and Public Health – West Coast PHU exceptions reporting at six months

Policy			
Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
Local authority plans, policies and decisions promote good health and wellbeing of West Coast communities.	Local authority plans, policies and decision-making reflect public health input.	On track	
	Decisions of local authorities on matters relevant to public health have had input from CPH West Coast staff and the impact of our input is documented.	On track	
	Records of CPH West Coast involvement and outcomes kept in Healthscape.	On track	
	Extent to which local authority District Annual Plans, LTCCPs and policies reflect CPH West Coast input.	On track	
	Records of joint training are kept and impact evaluated from participant feedback.	On track	
	Records of meetings and CPH West Coast involvement are kept. Impact evaluated from community group feedback and extent to which local authority policies and decisions reflect public health input.	On track	

### Highlights:

- Evaluation of LTP input completed and showed that District Councils on the West Coast considered our submissions. Some changes

were reflected in plans, including endorsement by the Buller District Council of its intention to develop a local alcohol policy, and feedback from all three Councils on the Medical Officer of Health's reports on their waste assessments indicates that they will consider working across districts to further develop the West Coast's recycling options.

**Issues/challenges/risks and actions taken:**

- Our submissions on subdivision development resource consents regarding on-site wastewater disposal have had mixed success in obtaining conditions to protect public health. We have initiated work with the Regional Council to address this with the goal of achieving a consistent stance to this issue.

Information			
Short Term Outcome Indicators	Performance Measures	Status	Reasons not on track and actions taken to keep it on track
CPH partner organisations and the public are informed by high quality, easily accessible public health information and resources.	Well stocked information centre provided, staffed by well-trained staff member. Numbers of resources requested and formal and informal feedback from centre clients recorded	On track	
	Number and nature of requests documented. Requests responded to promptly and effectively.	On track	
	Records of mail-outs kept. Analysis of content area of requests and mail outs is carried out in conjunction with CHIC.	On track	
	Messenger articles on public health topics published bi-monthly. Feedback on articles documented.	On track	
	Public health expertise/commentary provided on request. Records of subsequent media coverage kept.	On track	
	Number of media releases issued in conjunction with WCDHB Communications Team.	On track	
CPH West Coast, partner organisations	Timely production of information to	On track	



and the public are informed by high quality, easily accessible public health information.	appropriate audiences.  Information Team work request template/ Healthscape and feedback form used to document work completed and its impact.	On track	
Public Health programmes are evidence based, methodologically sound and their effectiveness is established.	All new projects/programmes have appropriate evaluation plans  Results of evaluation and project/programme impact are documented  Requests for assistance with evaluation planning from partner agencies and their outcomes documented.	On track  On track  Nil requests	
CPH and partner organisations' work contributes to improving Māori Health and reducing inequalities.	Ethnicity data collected and reported wherever appropriate.	On track	
CPH West Coast workforce has increased knowledge and skills to deliver effective projects and programmes.	Training needs identified.  Training schedule accessible to West Coast staff.  West Coast staff have access to required/needed training.  Evaluation of training and feedback from WFD database reflects that training is appropriate and effective.  All staff have IDPs and are working towards achieving their objectives.	On track  On track  On track  On track  On track	
CPH workforce is trained in tikanga best practice and the application of the whānau ora tool in their work.	Training completed by all staff. Evaluation of training and feedback from WFD database reflects training is appropriate and effective.  Training is provided if possible and evaluated by staff.	On track  On track	

	Hauora Māori paper completed successfully.	No staff currently enrolled	
CPH Health Protection services are delivered in accordance with best practice.	<p>Details of training and development provided are recorded. Training is evaluated.</p> <p>HPOs maintain competencies needed to carry out their Health Protection roles and responsibilities</p> <p>Health Protection Officer and other statutory designations gained and maintained.</p>	<p>On track</p> <p>On track</p> <p>On track – up to date</p>	
CPH West Coast workforce has increased knowledge and skills to deliver effective projects and programmes to promote mental wellbeing.	Variables relating to mental wellbeing are featured in work planning and evaluation where appropriate.	On track	
CPH staff and external stakeholders have increased ability to deliver effective projects and programmes.	Training sessions run on West Coast according to the identified needs. Training is evaluated by participants.	On track	
West Coast communities receive well planned and professionally delivered health promotion programmes.	<p>Support provided is reported and evaluated in consultation with WCPHO.</p> <p>HWCCG decisions reflect CPH West Coast input</p>	<p>On track</p> <p>On track</p>	
External agencies and groups deliver well planned public health projects.	<p>Nature and impact of assistance recorded in Healthscape.</p> <p>Results of CPH assistance recorded.</p> <p>Evidence of communities integrating evaluation activities in projects documented.</p>	Nil requests	

### Highlights:

- Although there was an impact on resource distribution attributed to the Christchurch earthquakes, the resource distribution centre in Christchurch is now functioning again and our resource distribution numbers have continued to grow. Foot traffic has also increased to

the resource area.

- Evaluation of the condom distribution scheme has been completed and the findings are positive suggesting that the scheme addresses the barriers to accessing condoms, particularly for young people.
- Evaluation of a joint CPH/WestReap project on cyber bullying done under the auspices of HPS is also very positive with increased awareness of cyber bullying and strategies to deal with it amongst children, teachers and parents as a result of the training provided.

<b>Protection</b>			
<b>Short Term Outcome Indicators</b>	<b>Performance Measures</b>	<b>Status</b>	<b>Reasons not on track and actions taken to keep it on track</b>
Notifiable diseases are investigated and outbreaks managed such that secondary spread is reduced.	Case report forms and outbreak reports completed and entered promptly in EpiSurv.	On track	
	All Communicable disease protocols reflect current best practice and local circumstances	On track	
	Record of training delivered. Training evaluated by participants.	On track	
Notifiable diseases are promptly reported and outbreaks identified.	Surveillance data is accurate and up to date	On track	
	Surveillance reports and/or PHIQ circulated quarterly	On track	
Infection prevention and control activities are integrated across public health, primary and secondary care.	CPH input is reflected in Infection Control Committee decisions	On track	
	Outcomes of contact with WCDHB infection control and laboratory staff are recorded in Healthscape.	On track	
Reduced burden of vaccine-preventable disease for all and more equitable outcomes for Māori.	WCDHB Immunisation Advisory Group decisions and plans reflect public health input.	On track	
	Progress and impact of strategy development recorded.	On track	

	<p>Provision of technical support and advice and its outcomes documented in Healthscape.</p> <p>Nature and impact of HPV immunisation promotion recorded in Healthscape (or where appropriate).</p> <p>Impact of promotion recorded in Healthscape, including monitoring completeness of immunisation register data.</p>	<p>On track</p> <p>On track</p> <p>On track</p>	
Disease control strategies are appropriately targeted.	<p>Notifiable disease ethnicity data completeness and accuracy remains &gt;90%.</p> <p>Accurate ethnicity data is available to inform future planning and prevention strategies.</p>	<p>On track</p> <p>On track</p>	
Reduced incidence of selected communicable diseases in high needs settings.	<p>Train the Trainer opportunities facilitated and training evaluated by participants.</p> <p>Number of packs delivered Number and geographic spread of distribution sites</p> <p>Activities and impact recorded on Healthscape. New promotions/projects evaluated</p> <p>Record kept of CHIC HPV resource usage and nature and impact of community links.</p> <p>Record investigations and outcomes on Healthscape</p>	<p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	
A robust emergency response plan is in place and a competent workforce is available to deliver a professional and	Plans procedures have been reviewed and amended.	On track	

appropriate emergency response to our communities.	<p>All CPH West Coast staff are trained to CIMS Level 2.</p> <p>CPH West Coast staff participate in at least one emergency management exercise.</p> <p>WC CEG minutes and decisions reflect public health input.</p>	<p>On track</p> <p>On track</p> <p>On track</p>	
Fewer drinking water transgressions and prompt reporting when transgressions occur.	<p>Drinking water safety and quality achieved.</p> <p>All West Coast drinking water suppliers are in a position to comply with the Act within the prescribed timeframes.</p> <p>Compliance reports completed for all TA supplies.</p> <p>Number of water supplies that have accessed DWAP programme.</p> <p>Records kept of number and location of gradings carried out.</p> <p>Number of PHRMPs assessed and verified.</p> <p>Records of liaison are kept, existing marae water quality is improved and plans for new marae include measures to ensure high quality potable water supply.</p>	<p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>Six PHRMPs assessed and verified</p> <p>On track</p>	
Sanitary methods for the disposal of sewage available in all West Coast communities.	<p>Number of applications received</p> <p>Reports completed in a timely manner</p> <p>Number of successful applications for SWSS assistance</p> <p>Number of sewage system upgrades completed with/without SWSS assistance</p>	<p>Zero</p> <p>On track</p> <p>Zero</p> <p>Zero</p>	SWSS has ceased

	Record of nature and impact of advocacy.	On track	
Improved housing conditions for those in high deprivation communities, resulting in less respiratory illness.	Record of contacts and actions undertaken.  Impacts of collaborative approach on substandard housing issues documented.  Impact of partnership actions documented.	On track  On track  On track	
Increased uptake of active transport on West Coast.	Regional Walking and Cycling Strategy implemented and actions recorded.  Activities and decisions of the RTC reflect public health input.  Activities and decisions of the WCRSC reflect public health input.	On track  On track  On track	
Robust protocols and policies result in greater collaboration and compliance standards across organisations.	Procedures developed in agreement with other agencies.  Records of applications and meetings kept in Healthscape.  Details and impact of meetings recorded in Healthscape.	On track  On track  On track	
Reduction in incidence of non compliance with VTA permission conditions.	Applications reviewed and permissions issued within 4-6 weeks of applications.  Incidents of breach of permission conditions documented and actions taken (if required) to mitigate public health risk.  Number and outcomes of audits carried out recorded.	On track  On track  Three	Compliance satisfactory overall with only minor non-compliance in respect to signage identified.
Health Protection issues are dealt with	Health Protection on-call service with	On track	

promptly at all times.	Medical Officer back-up is provided on the West Coast 24/7.		
	Records of training are kept.	On track	
Licensed premises comply with the Sale of Liquor Act resulting in a reduction in alcohol related harm in our communities.	All licensing reports are submitted within 15 working days of receipt.	On track	
	Host Responsibility training delivered as part of all Duty Manager courses run by Tai Poutini Polytechnic	On track	
	At least three monitoring visits to high risk premises conducted.	On track	
	Three CPOs carried out: Measured decrease in sales to minors.	On track	
	Inter-agency joint planning/ collaborative work and outcomes recorded in Healthscape.	On track	
	Outcomes from interventions are documented.	On track	

### Highlights:

- One problem Licensed Premise with a troublesome licensee has accepted a voluntary 1 day suspension for an intoxicated patron and is now actively policing intoxication in his bar.
- Police have agreed to have displays of alcohol information in their booze bus and in all of their stations in the rooms that they use to process drinking drivers. CPH will regularly contact the stations to check on supplies CPH is also working with the Police to promote non alcoholic options, and illustrate standard drinks using the booze bus in prominent shopping areas.
- The Police Area Commander has jointly signed a letter with the Medical Officer of Health to all Buller District Councillors congratulating the Council on starting to develop a Local Alcohol Policy. The letter also suggested a joint approach between BDC, Police and CPH to the other two Councils to develop a region wide alcohol policy.
- West Coast Councils are improving the active transport infrastructure within their districts as opportunities arise, however funding constraints continue to limit investment.
- CPH has made an effort to train staff in CIMS and we now have five staff trained at CIMS 4. Two Staff members were also trained in EOC 3 Operations in Christchurch. CPH staff were recently involved in Operation Cruickshank Minor, an emergency response exercise

organised across the West Coast region to practice responding to a pandemic. The three District Councils, the Regional Council and the West Coast District Health Board were also involved in this exercise.

- Our HPS facilitator produces and emails sets of 'Health Bytes' (health and well being-related messages to parents for inclusion in newsletters) to WC schools at the beginning of each term. Amongst others, these promote immunisation generally, and HPV specifically.
- Three days of sexuality training with parents, professionals and young people has been completed in association with Family Planning Christchurch. Further sessions will be built onto this training as required.
- Approximately 1100 condom packs are distributed monthly around the West Coast. This scheme was evaluated by the CPH Information Team inform future development (see above under Information).

#### **Issues/challenges/risks and actions taken:**

- Public Health and Police are trying to encourage the three West Coast Councils to develop one Alcohol Plan across the region. Despite the enthusiasm of BDC, one other Council, Westland, has a far more relaxed attitude to liquor licensing and is going to be harder to influence. Work will continue around this.

<b>Communities</b>			
<b>Short Term Outcome Indicators</b>	<b>Performance Measures</b>	<b>Status</b>	<b>Reasons not on track and actions taken to keep it on track</b>
CPH, partner organisations and the public are informed by high quality, easily accessible public health information.	Number of mail-outs and education sessions recorded. Feedback from mail-outs and education sessions.	On track	
	Relationships established and courses held on West Coast.	On track	
Education settings adopt the current Health Promoting Schools framework and implement programmes that improve the health of their school communities.	All HPS schools are working towards having relevant policies in place and implementing them.	On track	
	Records of collaboration with Nurses kept in Healthscape.	On track	
High needs groups and communities benefit from evidenced based nutrition and physical activities programmes.	At least five courses are delivered and evaluated.	On track	
	Records kept of the number and nature	On track	





	<p>gauged from retail managers and workers.</p> <p>Nature and level of engagement with Māori communities documented.</p> <p>Number of Māori groups/ communities - working towards Auahi Kore - Becoming Auahi Kore</p>	<p>On track</p> <p>On track</p>	
Education settings adopt the Health Promoting Schools framework and are smokefree.	<p>Interactions and their impact recorded.</p> <p>Interactions and their impact recorded.</p> <p>All HPS schools are developing a positive smokefree strategy and are working towards implementing this.</p>	<p>On track</p> <p>On track</p> <p>On track</p>	
Education settings adopt the Health Promoting schools framework and relevant health promotion information is available.	<p>Schools identified and appropriate strategies put in place.</p> <p>Number of schools participating</p> <p>Document progress on development and implementation of comprehensive health programmes.</p> <p>Information provided and outcomes recorded.</p> <p>Number of schools with procedures/policies - in development - in place</p> <p>Nature and impact of CPH involvement documented</p> <p>Any community organisation/group projects involving CPH are evaluated.</p> <p>Details of youth participation are documented including the extent of youth involvement in policy</p>	<p>On track</p> <p>Not on track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	CPH is in transition toward implementing the new HPS direction.

	development		
Reduction in alcohol-related harm on the West Coast.	Local social marketing is consistent with ALAC guidelines and messages  Improved compliance and behaviour and reduced incidence of alcohol-related harm at major events.	On track  On track	
Health promotion activities are well co-ordinated, informed by evidence and their effectiveness in improving health outcomes is enhanced	Nature and impact of CPH involvement documented  Any community organisation/group projects involving CPH are evaluated  Nature and impact of CPH involvement documented  Levels of participation by network members maintained and membership feedback on effectiveness of the network sought annually.	On track  On track  On track  On track	
Increased physical activity within our communities resulting in improved health outcomes.	Actions initiated by the network and their impacts are recorded.  Number and nature of opportunities to progress local initiatives recorded and the impact of CPH support evaluated.	On track  On track	
Reduced rates of smoking resulting in improved health outcomes.	Nature and impact of CPH involvement documented.	On track	

### Highlights:

- Two Appetite for Life courses (one in Greymouth, one in Hokitika and one Cooking Skills course have been completed so far this year. Appetite for Life is a six week weight management and healthy lifestyle programme that has been designed specifically for people who are fed up with the dieting process and just want to have a normal relationship with food. Cooking Skills to Life Skills is a course that teaches and supports people in the community to cook healthy and affordable meals. The course is hands-on and also covers basic nutrition and budgeting. There are a number of trained facilitators in the community and classes are generally run on request.
- The Blaketown Liquor Store's application for a liquor licence was declined at a Liquor Licensing Authority hearing in Greymouth early on 9th July 2012. An extract from the Greymouth Star (Tuesday 10th July)... "The days of the Blaketown Corner Dairy selling booze are

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numbered after the Liquor Licensing Authority said yesterday the new owner's application for an off-licence was doomed to failure. ...after Mr Kumar had given evidence and been cross-examined, authority chairman Judge John Hole said the objections need not be heard because the application could not succeed."

The judge's decision was based on:

- the lack of separation between the dairy and the liquor store,
- "the evidence adduced from Mr Kumar in support of the application indicates his lack of suitability to hold an off-licence", and
- A failure to comply strictly with Section 115 of the Sale of Liquor Act 1989.

A number of submissions were received from the community who were concerned about the operation of this liquor store. This decision was a great result and follows a lot of work by CPH staff. Some cross-examination by our staff assisted the Authority at the hearing and the Judge made specific mention of this. The store will no longer be able to sell alcohol after 31 August 2012.

- CPH staff have been monitoring the implementation of recent changes in regulations for display and sale of tobacco products. Tobacco products must now be out of sight at stores and supermarkets and retailers can no longer have signs advertising tobacco products for sale. So far, our visits have found high levels of compliance with these changes on the West Coast.
- Sarah Harvey, one of CPH's health promoters, gave a presentation recently at the New Zealand Sexual Health Society conference in Palmerston North. Her presentation outlined our Good Memories, No Regrets (GMNR) campaign on alcohol and sexual health and she was awarded the Margaret Sparrow prize for excellence in presentation. Sarah also made a Good Memories, No Regrets poster presentation at the Public Health Association national conference in Wellington.
- Active West Coast (AWC) celebrated its tenth year of working together to improve the health and well-being of West Coasters. Having started as a network to improve physical activity levels on the Coast, AWC has evolved into a wider network that now incorporates the promotion of healthy lifestyles focusing on areas such as physical activity, nutrition, smokefree, youth and older person's health. CPH was a foundation partner in AWC and provides secretariat services for the network. A recent review of AWC's activities over the past decade highlighted a number of achievements including achieving Smokefree parks and playgrounds within the three West Coast council districts, the introduction of Green Prescription to the West Coast, involvement in community events such as Push Play activities and Diabetes Hui, supporting the establishment of the Cardiac Clubs and Tai Chi classes, and many successful submissions to national and local decision makers on public health issues.

#### **Issues/challenges/risks and actions taken:**

- The pressure on food banks on the West Coast has increased. We are starting to work with the stakeholders involved to improve the nutrition of the people using these services.
  - With the development of the new HPS direction, staff are reengaging with selected schools to discuss how adopting this can benefit their school and student achievement. To date, four low decile primary schools and one low decile area school have indicated their willingness to work toward this next year. However, because of principal turnover, it is difficult to obtain commitments for next year in
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several other schools.

- The recent closure of Solid Energy's Spring Creek mine near Greymouth, with the loss of more than 260 relatively highly paid jobs, has the potential for serious negative health impacts on the local community. CPH has requested a literature review on the effects of job closures in small rural communities and the evidence for public health interventions to mitigate these. We will use the review to assist our annual planning. A CPH staff member has been invited to lead a workgroup on Health, Wellbeing and Sustainability as part of the Grey District Council's economic development group which has been set up in the wake of declining job numbers in the District.

**Other comments (including suggestions to the Ministry):**

- Cognition Education Limited has stated that the Ministries of Health and Education are currently working on a Memorandum of Understanding that will give HPS additional credibility in the education sector. We look forward to this MOU.
- Our HPS facilitator has been linking in with the Ministry of Education's Positive Behaviour for Learning initiative which is being increasingly implemented on the Coast. The opportunities for working together look positive.

<b>Whānau Ora</b>			
<b>Short Term Outcome Indicators</b>	<b>Performance Measures</b>	<b>Status</b>	<b>Reasons not on track and actions taken to keep it on track</b>
CPH West Coast's work contributes to improved Māori health and reduction of inequalities.	CPH West Coast team members are able to specify/quantify actions that have contributed to improving Māori health and reducing inequalities using the whānau ora approach.	On track	
The effectiveness of public health services in improving Māori health and reducing inequalities is enhanced.	Progress towards formal relationships is achieved.	On track	
CPH and partner organisations' work contributes to improving Māori health and reducing inequalities.	Ethnicity data collected and reported wherever appropriate.	On track	
Disease control strategies are appropriately targeted to the needs of Māori communities.	Notifiable disease ethnicity data completeness and accuracy remains >90%.	On track	
	Accurate ethnicity data is available to inform future planning and prevention strategies.	On track	

Local authority plans, policies and decisions promote good health and wellbeing of West Coast Māori communities.	<p>Local authority plans, policies and decision-making reflect public health input.</p> <p>Decisions of local authorities on matters relevant to public health have had input from CPH West Coast staff and the impact of our input is documented.</p>	<p>On track</p> <p>On track</p>	
Continued improvement in vaccination coverage in the Māori communities on the West Coast, and equity in coverage with non- Māori.	<p>WCDHB Immunisation Advisory Group decisions and plans reflect public health input and a focus on equity</p> <p>Progress on Māori immunisation coverage and impact of strategy development recorded.</p> <p>Provision of technical support and advice and its outcomes documented in Healthscape.</p> <p>Nature and impact of HPV immunisation promotion recorded in Healthscape (or where appropriate).</p> <p>Impact of promotion recorded in Healthscape, including monitoring completeness of immunisation register data.</p>	<p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p> <p>On track</p>	
West Coast Māori communities have safe access to RW.	Number of RW warnings issued to Māori communities as per RW protocol.	Nil	
Kōhanga Reo meet legislative requirements.	Impact of work with Kōhanga Reo and Māori communities recorded.	On track	
Improved housing conditions for Māori and Pacific communities, resulting in less respiratory illness.	<p>Record of contacts and actions undertaken.</p> <p>Impact of a collaborative approach on substandard housing issues documented.</p>	<p>On track</p> <p>On track</p> <p>On track</p>	

	Impact of engagement with Māori and Pacific communities recorded.  Partnerships evaluated and interactions and impact recorded on Healthscape.	On track	
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### Highlights:

- CPH health promoters have promoted the recent Coast-wide Kapa Haka Competition and the very successful Ahuahi Kore Waka Ama Festival and have made themselves available to assist with a variety of planning activities. We have also supported the establishment of the Whare Oranga Pai in Hokitika which is a centre run by the two West Coast runanga which will offer nutrition and physical activity programmes for Māori.

### Issues/challenges/risks and actions taken:

- The Warm Homes initiative between ECCA and WCDHB is under threat due to the insulation provider pulling out of the contract. This could have implications as a number of Māori/Pacific people would have been eligible for this scheme. CPH have been extensively promoting this scheme along with Healthy West Coast partners, the WCDHB and WCPHO. Three hundred homes have already been insulated and a further 40 have been assessed as eligible for the scheme. Funding to complete these 40 homes has just this month been provided by the WCPHO. Unfortunately, the original target of 500 homes will not be met as no other provider has been able to be found despite best efforts.
  - The first quarter results for the Minister's new 8 month immunisation target show that the West Coast is on track to meet the first year target coverage. It is also pleasing that Māori children continue to have at least as high or higher coverage than non-Māori.
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